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A CLINICAL LECTURE.

TYPHOID FEVER WITH PNEUMONIA; DYSPNŒA FROM STOMACH TROUBLE;

OBSTINATE HICCOUGH; SYPHILITIC DIARRHŒA.

BY MORRIS LONGSTRETH, M.D.

DELIVERED AT THE PENNSYLVANIA HOSPITAL.

[Reported for THE MEDICAL BULLETIN by J. W. SUTTON, M.D.]

I WANT to show you first, this morning, a case of typhoid fever that is recovering. Kate —, aged 23, came here about the last of March. Her temperature was 104° Fahr. at the time of her admission, and she gave us the following history: She was perfectly well two weeks prior to her coming here; on the twenty-third, two days before her admission, she began to have occipital headache and pain in the back and limbs. She stopped work on the following day.

On the twenty-fifth she had a slight chill; she had had a little diarrhœa a day or two before, and had become cold. Previous to her chill coming on, for some days, she had no appetite; she also had a slight hacking cough, with scanty expectoration. When she came here she was a well-nourished girl, she was very much flushed in the face, and her eyes were very heavy, scarcely opening at all; the tongue was heavily coated, and the coating was peculiar, it was well marked all down the centre while the edges were dry and inclined to be brown. Her pulse, too, was certainly peculiar for a typhoid case, it was a very full pulse, bounding, I might say, and also very rapid; the first record of it, after she had been some hours in bed, was 104 per minute. Her breathing was rather quiet, and it was only occasionally that she would cough, and then it was a dry, hacking cough. Examination of her lungs showed normal resonance everywhere, but a good many fine, sibilant râles, were to be heard all over the chest, and especially posteriorly. The liver dullness was normal, but the splenic dullness was increased. We ordered the patient to take quinine, six grains a day, two days.

On the day after her admission the tempera- had risen, it was up to $104\frac{4}{5}°$ Fahr. The lung trouble had increased, there were more râles, and a day or two afterwards we found dullness on both sides, more on the right side than on the left. Her temperature kept up, never rating below $102\frac{3}{5}°$, and not rising above 105° at the regular times of observation. That it did go above this at different times in the day we became assured, for during the first week we had the temperature noted several times during the day, in addition to the regular times of observation, and on four occasions during that first week her temperature went up to $105\frac{3}{5}°$ Fahr.

The times at which this rise in temperature took place were quite irregular. It was very evident here that we were having typhoid fever accompanied with pneumonia, and about the end of the first week there came on a diarrhœa. It was on the second day after her admission before she had any stool at all, then she had on the next day two, then one again, and so on, until, on the sixth of April, she had three stools.

Her respiration became more hurried, rating

up to 48 in the minute, 40 being the lowest after her admission.

There was no increase of the cough, and the expectoration was almost nothing. She was lying most of the time dull and stupid. She took her medicine very well, not throwing up any; the patient also took milk nicely. As the diarrhœa became worse we began giving her bismuth to check it.

On the sixth of the month we gave fifteen grains of bismuth every second hour, keeping this up for some time, until she had no further diarrhœa. When the diarrhœa stopped, she skipped one day without having any stool at all, then one stool a day for two days, then skipped two days again, then more stool, then skipped three days; now, her bowels are perfectly regular. Her temperature also went down. This was not a result of the stopping of the pneumonic state, but rather due, I think, to the administration of the bismuth. During all the week, and, in fact, the second and part of the third week, we kept on a jacket poultice, so that the fall of the temperature here was not due to the lessening of the pneumonia at all, but it seemed to be due to the giving of the bismuth. I think this is a valuable indication to you in such cases as this; the giving of the bismuth not only relieving the condition of the bowels, but also lessening the temperature.

Over the abdomen we kept either a stupe of turpentine some days, or else very hot stupes. We had the stupes put on every three or four hours. Now that the bismuth had considerable effect here on the intestines, I think, is very evident, for the coating of the tongue decreased very considerably, although it did not clear entirely off. She commenced also to improve.

During the second week the respirations did not lessen; nor did they commence to lessen until toward the end of the week, when they came down to thirty in the minute. There came on a slight rise in temperature about this time, which I was rather glad to see. The rise in temperature which comes on after the second week, I am always very glad to see, because it is a rise which comes on just before the final lessening of the temperature. Here is one thing I want to call your attention to, it is a matter which I consider of some importance: At one point we had a rise in temperature to $105\frac{3}{5}°$ Fahr., this occurred about ten o'clock at night, and Dr. Packard, fearing the temperature might go still higher, gave her a dose of thalline; he gave her four grains of it, and afterwards there was a fall in the temperature of five degrees. Again, toward the close of the week this was done, and again the temperature fell to 101° Fahr. This was not simply a fall of the temperature, but was a veritable weakening of the patient. I think the giving of all these drugs acting in this manner, is not the best thing to do, because, while they reduce the temperature, they also have the bad effect of weakening the patient, and, besides they are sometimes dangerous things to give, for this weakening of the vital forces of a patient, already reduced by disease, might go so far that the patient would not recover from it. We were doing something here all the time for the pneumonia, which kept up the temperature. The jacket poultice here, necessarily increased the temperature, and, therefore, we expected a high temperature. We increased her quinine, going up to twelve or fifteen grains in the day. I think this case is very instructive, as showing the effect of the bismuth very markedly. The temperature rose higher when we had the irritation from the intestinal canal, and when we did something to get rid of this irritation we lessened the temperature. During the last two days her tongue has almost become clean, but up to within a day or two previous it was pretty thickly coated. Her face has fallen away but very little. She has been able to take her nourishment, which consisted of fluids, chiefly milk, throughout the whole of the case with facility, never vomiting, as so often happens in these cases of typhoid. She was a very ill patient before the pneumonia developed itself, and was in increased danger when the pneumonia—which threatened to be a double pneumonia—came to complicate matters. Just how far the pneumonia extended, I do not know, because I did not examine her chest very thoroughly on account of her very sick condition.

Unless the changing of the poultice coincided with the time of my visit, I did not examine her lungs except by listening through the poultice, which you know could not afford me any very exact idea of the extent of the disease. You remember what I told you about the diet being a fluid one; we will wait at least a week longer before giving her anything but a fluid diet. It is not wise in such cases as these to change from a liquid to a solid diet

too soon, for, by giving solid food too quickly you may irritate your patient's digestive organs and retard the recovery.

The next patient I want to show you is a woman, named Emily, aged 42. She came to us with a story of probable heart disease, not that there was any marked evidence of valvular disease, but she had some symptoms of heart trouble. She was short of breath, that was her story. For some years, she says, she has had some palpitation on going up or down stairs.

She has had no history of rheumatism: there has been no swelling of the hands, feet, or face. She had "nervous spells;" these were more frequent after eating than any other time, but she had none of the ordinary symptoms of dyspepsia.

About last August she first noticed that she was short of breath on walking and on doing any work. The bowels were regular, and she had no nausea or vomiting. At that time her appetite was fair. This shortness of breath came on in "spells," often one lasted for four hours and then passed away. There had never been any blueness of the face in these attacks of shortness of breath. Once she had a numb feeling of the hand and arm. In November she was confined to a chair; could not go about any, and during December she grew worse.

After Christmas she took to her bed, and was not able to rise at all. Lately, she has had vomiting. She came here on the nineteenth of March; her skin was very pale, slightly sallow; she had dark lines under the eyes; her pulse was 84 in the minute, regular, and quite compressible; the skin was cool, the tongue was moderately clean, moist, and slightly tremulous when she attempted to put it out.

There was no yellowness of the conjunctivæ; there was no jaundice, although the yellowness of her skin resembled jaundice. From this history, taken together with the physical examination of the chest, I made up my mind there was no heart disease.

There might have been at times some dilatation of the cavities of the heart, although I could find no traces of it, and I believe it to be merely stomach trouble.

The cardiac apnœa goes on steadily, never stopping at all, although patients sometimes feel it in paroxysms, but dyspnœa is always present. This feeling of shortness of breath from stomach trouble, such as this patient complained of, is different, for, while patients affected in this way are breathing perfectly quiet and regular, they will say they are short of breath. Now that is the distinction between cardiac dyspnœa and stomach dyspnœa. In the one case they have shortness of breath, and in the other they have, I might almost say, longness of breath, although they complain of shortness.

Here, in this case, the vomiting was the most important thing, and for this we gave five grains of bismuth, with five grains of aromatic powder, every three or four hours. We also gave her milk in divided doses, giving small quantities of it at very short intervals, but the appetite was too good for that, and after a few days we gave her full doses of it. I think a good deal of her catarrhal condition of the stomach had passed away before she came here, because she had had long rests in bed and had partaken lightly of nourishment. We kept steadily on with the bismuth and aromatic powder, and with the milk and lime water, until the patient demanded "something to eat." We then left off the bismuth, and gave her strychnia in small doses. A week ago we began to administer to her nitrate of silver, in one-eighth grain doses three times daily.

Under this tonic treatment she has done very well, and is now almost cured. We will continue, however, with our strychnia, and a day or so longer with our nitrate of silver, and then we will stop them.

Here is an interesting and a very troublesome case. The patient is a young woman, aged 19, who came to us first, last November, with hiccough, which had been of the most persistent character.

She came also with a history of uterine trouble; two years before she had been in the Woman's Hospital, and had been operated on for some complaint of the uterus, that is, she had been given ether twice, although for what purpose, or what the operation was which was then performed, she does not know. When she came here she had obstinate hiccough, which had gone on day and night for three days, the only relief being when ether or chloroform were given her. She was given, when she came here, five grains of musk every four hours, this seemed to have no effect at all, and then she was given twenty-five grains of chloral, which stopped it for a day or two, and gave us an opportunity to examine her more carefully.

Examination of the abdomen showed us a loaded colon; examination of the rectum showed that it was empty, and the history had been that the bowels had been moved about every day. We gave her sixty grains of jalap, which emptied the colon. We also gave her hot water injections of the vagina. Several times between the fourth of December and the ninth of January we had a return of the hiccough, which was stopped promptly by small doses of chloral, sometimes five grains would do it. On the twentieth of January she had a well-marked convulsion, and after that came the hiccough again. This convulsion was epileptiform in character. She was discharged on the thirtieth of January, and was re-admitted on the twenty-sixth of March.

After her discharge from hospital she had some attacks of hiccough, which passed away of themselves. She had another convulsion on the twenty-first of February followed by hiccough, as before, which, too, passed away of itself. Then, on the twenty-first of March she had another convulsion, from which she remained unconscious until the next morning. These attacks of hiccough were always preceded by constipation.

One fact in her early history that I omitted was that she had, as a child, chorea. We hear every now and then of chorea of the diaphragm, but I must say that I have not very much faith in chorea limited to one muscle, and that this has been a choraic attack, limited to the diaphragm, I have not any notion whatever. We have always been able to trace out the attacks of hiccough from the constipation. The problem with her has been the keeping up of a free action of her bowels.

It is always very important not only to have a movement, but to have a full, free evacuation of the bowels every day. [Very many people neglect to attend to this matter when necessary, and also to take something which will give them a full, free movement of the bowels should they become inactive.] For her uterine trouble we did something here in the house, for it seemed very like uterine displacement. This treatment did not do very much good, for the instruments we used were always slipping out. Either the uterus was not displaced or it was very easily changed about from one place to another; if the uterus was thrown back the instrument would keep it up in its place after it was put in position, or it would perhaps tilt it too far forwards, causing an anterior displacement. What we did find of much more service was packing the vagina with cotton, making the cotton act like a pessary, or rather like a splint, to keep the uterus in place, but clearly, to use any other instrumental measure here to keep it in position, would be a mistake. She has had, sometimes, a day or two before the coming on of the menstrual period, an attack of hiccough, which was always relieved by the coming on of the menstrual flow. There is a little hysterical element in this case, I think. She has some pain in the abdomen, and she is also very nervous. We are very much in the habit, too much, I think, of saying that a case is hysterical, and when we say it is hysterical we think we have said a great deal. Now a hysterical case is, I think, always due to some physical condition, and hysterical cases always need your very best attention. She was not getting enough out of her food, although she looked quite healthy.

The mistake in the case, I think, was in thinking she had some uterine disease, whereas she had only a want of uterine force to carry on the functions of the uterus. It has been a month ago since she has had a bad attack; that is very much better than any record that we ever had before while she was here; she never went more than seven days without having a bad one.

When she first came here, this last time, her tongue was thickly coated. It is much coated yet, but it is very much better than it was. We are treating her by watching her food carefully and meeting symptoms as they arise, chloral, if her hiccough comes on, calomel and soda, or bismuth, to relieve the intestinal fullness.

I think it has been three weeks since she has taken any chloral at all. We also gave her arsenic; we commenced first by giving her Fowler's solution in full doses, and combined with the elixir of the valerianate of ammonia in drachm doses, which seemed to benefit her considerably. We had to stop the arsenic for some days on account of the gastric disturbance it created, then afterwards we went back to it, giving it in three-drop doses in combination with the tincture of iron in five-drop doses. After two or three weeks giving it in this way, we went back to the arsenic alone.

I want to show you next a case of bowel trouble in a woman who has a very distinct

syphilitic history; a woman who had much diarrhœa, and who also had much pain in the abdomen. It was by no means always the same organ which gave the pain; sometimes it would be the liver, sometimes away down in the sigmoid flexure, and sometimes it has been over here in the splenic region. She had been taking opiates for checking the diarrhœa without any results whatever, but we commenced giving her bismuth, beginning first with moderately small doses, and rapidly increasing it until we gave her half-drachm doses every two hours.

You remember there was specific element in this case, and I gave her what seemed to be contrary to the treatment for the diarrhœa, that is, I gave her iodide of potash with the bismuth. I say this seemed to be contrary to the treatment of the diarrhœa, because, you know, in specific cases, when giving the iodide of potash you very often bring on a diarrhœa.

Last week the patient's bowels were very much better in the day-time, but the diarrhœa here came on at night, and with a great deal of pain, colicky in character, so that we were obliged to give her opium suppositories. Her tongue is well cleared, and the general appearance has very much improved. The liver, which was very large, indeed, very much swollen in every way, has now gone back pretty nearly to its normal size again.

Until the last day or two I think we could feel the spleen here, but that seems to have lessened also. There is still a good deal of tenderness in the sigmoid flexure, or the colon just above it.

The diarrhœa that she has had is, I think, entirely the result of the specific trouble. We have had alterations in the liver and spleen, and very probably in the intestines themselves. The very first indication was, of course, to meet this trouble, arising from the altered condition of these organs, and, of course, to lessen the diarrhœa, if possible, without giving any opium. When she first came in she had at least ten stools a day, but this came down quickly to six, and now she has but one a day. The stools at night are still somewhat painful, but not so much as before.

In last month's issue of THE MEDICAL BULLETIN we called attention to its rapidly growing subscription list. We still have to report progress.

ORIGINAL COMMUNICATIONS.

MEDICO-LEGAL NOTES.

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THERE has been a bill introduced in the New York Assembly providing for the *ante-mortem* probate of wills. The reason for the bill is stated to be as follows, in the preamble:—

"WHEREAS, many vexatious and expensive contests are made over the probate of wills, to the damage of legatees and devisees, the diminution and delay in settlement of estates, the promotion of family quarrels and the occasion of much chicanery, bribery, and false swearing, and it is desirable, so far as possible, to mitigate such evils."

A law which would accomplish all this would certainly be an admirable one to have on the statute book, but the experience of Michigan, where the experiment of *ante-mortem* probate of wills has been tried, is not very encouraging. When it was seen that a man who had had his will approved by a court, could immediately make a new will and render the whole adjudication nugatory; that he could give or sell all his property and leave nothing for the will to touch; that he could go into another State, and, dying there, not be subject to the decision already given, it was decided quite generally that the law would not accomplish what it was hoped to do. As has been said, it would be a curious state of affairs if a person should be adjudged by a court not to be able to make a valid will through mental disturbance, and yet he should try to carry on ordinary business. Would the adjudication of the court make all his acts void? It is understood that the Michigan law has been repealed, and the prospect is not very strong that New York will engage in the experiment.

The question has come up in Louisville whether the city authorities have the right to grant a monopoly of removing the dead bodies of animals from the streets. It was claimed that the health powers held by the city authorities were in their nature police powers, and that the city had no right to deprive itself of the power to regulate health matters, by giving to a particular person entire control of such an important affair as the removing of dead bodies. The whole business of removal should be open

to every one, and not restricted to a single person. This reasoning was not considered sound by the Court, and it sustained what had been called a monopoly. The argument of the Court is interesting, and is as follows: "The power to protect, through her cities and towns, and other public agencies, the public health, the public morals, and the public safety cannot be relinquished or surrendered, for the government is bottomed upon the fundamental principles, promotion of the peace, safety, happiness, and security of its citizens. Therefore, any surrender of its power to protect the public health, the public morals, the public peace, the public safety of the citizen, would violate this elemental principle, and tend to revolution and anarchy. The power, therefore, cannot be surrendered. The State, however, and its municipalities intrusted with the execution of this power, may provide the means of protecting the public health; it is its duty to do so. Any means may be adopted that will effect that end; such as employing competent and trusty persons to take the matter in charge, under the supervision or control of the State or city. Here the appellant did not surrender her right to the control of the public health of the city in the removal of dead animal carcasses, etc. She contracted with the appellee for a sufficient consideration that he, for the period of five years should have the exclusive right of performing that duty for her and on her behalf. This he did faithfully and efficiently. There existed no cause of complaint on the part of the city. Appellee kept the city promptly cleared of carcasses, and no nuisance was allowed to occur from them. But the city, without just cause, or any cause of complaint, capriciously tired of its contract, and proposed to break it. This she could not do." This, therefore, seems a case where the word monopoly had no effect on the Court, and where it appeared to be desirable rather than harmful.

A curious case of ownership, or otherwise, in the bodies of the dead has just come up in England. At the town of Plumstead, the remains of a Roman interment were discovered a short time since, and the body was decided to be that of a Roman lady, who was supposed to have died at 300 A.D. The body was found enclosed in a lead coffin, and the owner of the land, considering that the right of ownership belonged in him, proceeded to give the coffin to a museum and the body to a local surgeon. During the process of removal, however, the body had been temporarily placed in the parish churchyard, and the vicar refused to allow it to be removed, and stated his intention of having it re-interred. The quarrel at last accounts had not been settled. and it is doubtful how it will turn out. The law says that there can be nothing more than *quasi* ownership in a dead body, and that interment is the natural disposition to make of a dead body.

They have, it seems, in Mississippi a tax upon lawyers, a matter which may commend itself or not to the public, as they happen to regard the profession. The tax consists of a license exacted from every lawyer who engages in practice. A retired lawyer, in the case in question, defended a friend in a particular matter, was arraigned because he did not have a license, but the judge held he did not violate the law, and gave the following reason: "A retired lawyer, who conducts but one suit in court for a friend, without fee or reward, is not threby brought in the classification of a practicing lawyer; and for him to do so without a privilege tax license, is no more a violation of law than it would be for a retired dentist to extract gratuitously a tooth for another without first obtaining a privilege tax license, as practicing dentists are required to do."

In a recent New Jersey case the chancellor decided that funeral expenses took precedence of every other claim against the deceased, and said that "an executor is bound to provide for his testator decent and appropriate Christian burial. Not only do the usages and necessities of society require this at his hands, but it is a requirement of the law also." If the question should come up, however, whether cremation might not be adopted to dispose of the dead body, we imagine that the chancellor would modify his language somewhat, and permit incineration, if preferred, to burial.

LOCAL TREATMENT OF CHRONIC JOINT AFFECTIONS.

BY JOHN AULDE, M.D.

THAT there are doubts still existing in the minds of medical men in regard to the efficiency of external remedies in the treatment of deep-seated affections, and in cases where the disease is dependent on constitutional

trouble, no one will deny. In this age of progress we have many important lessons to learn, and not one of them is of greater significance than the presumption that the public is in need of advice to take less medicine. A sad commentary on the activity of the American people in the way of self-medication is the statement in the public press that during the year 1885 there was expended for proprietary and patent medicines the extraordinary sum of $22,000,000, the list embracing no less than five thousand different articles. Assuming that even a considerable portion of these compounds is possessed of intrinsic value, it is doubtful if more than once in ten times the remedy selected is adapted to the morbid condition, and in nine-tenths of the cases we have the best evidence that the results are positively harmful. The experience of every practicing physician will verify this assertion beyond question. It is, then, the manifest duty of every physican to guard his patrons as far as lies in his power against the baneful influence of this growing evil.

The writer is forcibly reminded of this unfortunate condition of affairs in the course of his review of the cases which follow, and these preliminary remarks are prompted by the absolute necessity of the case. Having departed from the subject thus far, the reader may pardon a further digression in the way of an illustratrative case: Mr. A. B— is a hearty and well-preserved man of fifty-five years, but has been a sufferer for many years from lumbago, and he tells me that nearly every spring and autumn he is laid up for two or three weeks, and has to take a great deal of medicine. Two applications of the faradic current to the affected muscle relieved the distress in twenty-four hours. This man has worn a belt of several thicknesses of flannel for the preceding twenty years, but on my suggestion it is wholly discarded and with the best possible results. When this gentleman first consulted me he had been for months under self-treatment for the cure of Bright's disease, but a thorough examination convinced him that he was all at sea, and a simple remedy for the relief of indigestion effected a cure.

The method of treatment here outlined is not claimed as original, as the suggestion was put forward in one of our medical journals several years ago; but the name of the writer has been forgotten, and diligent search has failed to bring to light the lost periodical.

Case I is that of a painter, æt. 40, who has suffered for several years from stiffness of one knee, and who says medicine can't do anything for him, as he has taken all kinds, and every known liniment is utterly useless. There is no history of lead poisoning, nor are there any indications of its presence. For his relief a drachm of salicylic acid made into a paste, with olive oil, is ordered, one-third of the entire quantity to be applied every third night, covered with a little sheet cotton. The parts to be thoroughly washed with soap and hot water, and the bandage to remain in position from one dressing to the next. This incident occurred in 1884, and since then he has had no further trouble with the "rheumatism."

Case II is a farmer, æt. 55, who for fifteen years has suffered from a stiff knee, although various remedies have been faithfully used. Whenever he steps on anything a little above the level, so that the weight comes on the lame leg before it is straightened, he falls, and this is a frequent occurrence, often as many as twenty times in a day. The same treatment is equally successful in this case, and, dating from February, 1885, his lameness is one of the things of the past.

Case III is a lady who walks lame from an affection of the knee, and, moreover, cannot sleep by reason of the pain; æt. 65, and a sufferer from lithæmia, it would ordinarily appear to be one of those cases demanding constitutional remedies. Knowing the immediate benefit to be derived from local treatment, I determine to adopt that method first, allowing the constitutional treatment to follow. The result is all that could have been desired, the pain is relieved and the lameness disappears.

Case IV.—A lady, æt. 40, had an attack of rheumatism eight months previous, and presented for consideration a stiffened wrist-joint. There was ankylosis, so far as could be judged from appearances, but persistent use of the paste, though it acted as an escharotic, along with suitable manipulation, enabled her to regain complete use of both wrist and hand. Treatment was conducted for several weeks over two years ago, and her present condition is perfectly satisfactory. No other remedy was advised.

Since the introduction of lanoline I have used that as a basis for the paste, or ointment, adding a sufficient quantity of olive oil to reduce the mass to a proper consistency. The following

formula has been found efficient and well adapted for the purpose:—

℞. Salicylic acid . . . 1 part.
Lanoline . . . . 4 parts.
Olive oil . . . . q. s.

M. et ft. ungt.
Sig.—Apply as directed.

This ointment should be thoroughly rubbed on the part affected with the hand, every night for three successive nights, then discontinued for the same length of time, when, if needed, it can be reapplied in the same manner. To protect the clothing, as well as to supply sufficient heat to the parts, the joint ought to be covered, either with sheet cotton or oil paper, the former when the skin is moderately tender, as the wrist, elbow, and shoulder, the paper, when the application is made to the ball of the foot or to the ankle.

The reason for using lanoline, instead of the paste made after the original formula, is to be found in the fact that lanoline will readily absorb more than one-half its own weight of moisture—an item of importance when it is desirable that the medicament should penetrate the epiderm and reach the underlying tissues. Under the plan first outlined a considerable portion of the remedy remained on the cotton, and the effects were *nil*, but, with the lanoline ointment actively rubbed in and properly covered, the greater part will be found on removing the dressing twenty-four hours later to have been taken up, so that we shall have a correspondingly increased benefit from the use of a smaller quantity of the medicine, and, besides, there is not the danger from too much action upon the tissues.

Case V.—A colored girl, æt 20, had suffered for over a year from pain and stiffness in the right ankle-joint. No indications of specific taint, nor was there any history of rheumatic disease. Three applications of the paste, made after the foregoing formula, were sufficient to afford complete and permanent relief.

Case VI.—A gentleman, æt. 55, whom I attended for an acute trouble, asked me to look at his arm and say if I thought it could be improved by any known method of treatment. He had suffered for many years from pain and stiffness in the whole arm; but the greatest pain was in the shoulder. Liniments, ointments, salves, and plasters of every description had been used without avail, and he had consented to the use of the battery, to use his own expression, "until it bent him to the floor." A single application of this combination was sufficient to afford relief, and he said if it ever hurt him again he would make another.

Case VII.—Two years ago a gentleman, æt. 58, applied to me for the relief of long-continued sciatica. I should state, in this connection, that the patient was suffering from degenerative changes affecting the heart, and had been for a brief period under my observation. The sciatica had persistently resisted the most earnest solicitations of several physicians, but under my care the deep injection of chloroform produced comparative comfort for the period of nine months or so, when it returned with renewed vigor. He consulted me again in regard to the same malady in December, 1886, and he then informed me that he had understood from what I had said that my previous treatment was the last resort, and that for the preceding six months he had been testing the virtues of quack remedies and quack doctors. One fellow said there was dislocation of the hip-joint; so every time the patient visited him the dislocation was corrected, and, to assist in keeping it in position, the posterior aspect of the thigh was well sandpapered, and afterward a stimulating liniment applied. Another guaranteed to cure him with the battery, and took the precaution to get his pay in advance. But "hope deferred maketh the heart sick," and lavish promises finally failed to produce a stimulating effect. The use of the ointment in this case for more than a week, along with small doses of strych. sulph. and attention to the condition of the bowels, was productive of some apparent benefit, but the improvement was so slight that it was determined to discontinue it entirely, substituting for it small doses of rhus tox., one drop of a one per cent. solution of the fluid extract being taken every four hours, and, to my extreme delight, in the course of a few days there was a marked improvement. It should be stated that during the whole of the treatment he had been advised to take suitable gymnastic exercises, the weather being such that he could not venture out of doors. The medicine was continued for several weeks with some modifications, but it was always given alone, and never was it exhibited at the time any other medicine was in the system. It, however, was not sufficient to effect a complete cure, as it was found that changes in the weather had an untoward effect, so the local

treatment was again renewed. This gentleman was dismissed in the early part of March, in a condition so near bordering on health that it may be said to have effected a cure. It is difficult to believe that the almost infinitesimal dose of the rhus had anything to do with the relief of the malady, but I have witnessed its efficacy in several cases of this nature, and, fearing that I may be prejudiced in its favor or blind to its faults, I deem it worth while to make a note of it in this connection.

CASE VIII.—Mrs. M—, a married lady, æt. 36, had an attack of rheumatism about one year previous to calling on me. One of her knees had remained stiff and very painful, so that she walked lame, while her sleep was seriously interfered with by reason of the pain. The usual form of the ointment was applied, but, not understanding the instructions, the applications were made irregularly, the result being that she was rather discouraged. To explain, it may be advisable to say that the irregularity consisted in the application of the ointment once, then waiting three days, when another application is made, the third and final application being made after three more days have elapsed. These applications should invariably be made every twenty-four hours, until three or even four applications have been made. A week, at least, should supervene between the first series of applications and the one following. However, in the case under discussion, I suggested the application of small blisters the size of a ten-cent piece, by means of cantharidal collodion, and the effect was very satisfactory. After the skin had sufficiently healed over the ointment was reapplied, and I am happy to say that the pain and lameness disappeared.

4719 FRANKFORD AVENUE, PHILADELPHIA.

THE ACTUAL CAUTERY IN CERTAIN CHRONIC NEUROSES.

BY T. J. HUTTON, M.D.

THE successful healer must, like Æolus, the fabled god of the winds, know when to hold the reins loose and when to hold them tight. He must know when to administer treatment purely expectant, treatment mild and gentle, and treatment that is swift, harsh, and radical.

In mild, self-limiting disorders, unattended by complications, he simply looks on smilingly, as the old Yankee farmer watches his dog do the churning. If complications threaten, he is on the alert to prevent, or, if he cannot prevent, to mitigate.

But, when called to treat maladies which, according to all experience, rush to chronicity and death under mild measures, he no longer relies on soft words, placebos, or expectancy. All sense, all sympathy, all experience, all philosophy, now tell him to do something, and he does it, and obtains his reward—victory—which is greater than gold or gratitude.

This brief paper is a contribution to the literature of harsh treatment. Its object is to call attention to the value of the actual cautery in certain vicious nervous affections which do not yield readily, if at all, to ordinary remedies. The cases are few, but the results merit attention.

I. *Paralysis of the Will Power.*—Mrs. S., aged forty-five, had, within a brief period, suffered the heaviest misfortunes—the loss of husband, children, and means. Under this profound shock she sat motionless, dazed, and apparently drifting into imbecility or cerebral softening. The actual cautery was applied to the spine, four marks about the size of a ten-cent piece being made on both sides of the spine an inch or two outside the spinous processes. Result, speedy cure.

There are many allied disorders in which this remedy might avail, as in trance and hysterical conditions. It is upon such as these that charlatans and religious mountebanks work their so-called "miracles." A prick of a needle or the cautery afford prompter and better results. Anything that rouses cures.

II. *Pure Spinal Irritation.*—(By "pure" I mean unattended by spinal or other organic lesion.) In two single, middle-aged females one application of the actual cautery to the spine cured the ailment.

III. *Incipient Locomotor Ataxia.*—A man, single, aged forty-seven, who presented all the characteristic symptoms of locomotor ataxia was cured by two applications of the cautery to the spine, supplemented by galvanism and medicine (iodide of pot. and bichloride of mercury). I would suggest its use in the early stage of paralysis of the insane. Only one case of this malady has ever been arrested, and this arrest was caused by the patient falling accidentally in a vessel full of boiling water.

IV. *In the Early and Middle Stages of Self-Abuse.*—Here, before the mind becomes besotted and embruted, the cautery produces a profound impression on the entire nervous system, and, as it seems to me, aids in restoring the power of self-control. I obtained good results from the cautery in two such instances—in a boy, aged sixteen, who had been addicted to the habit several years, and in a young man, aged twenty-four, who had been a victim of the habit for nearly ten years.

V. *Impotence in the Male.*—A man, aged forty-eight, who had practiced self-abuse when a boy, became impotent. He had quit his home and family, and repeatedly threatened self-destruction. One application of the cautery, supplemented by galvanism, coco, and damiana, restored him to health and home.

This agent is of wider application than nervous affections.

VI. *Post-Aural Abscesses Following Scarlet Fever in a Girl aged Thirteen.*—In this case a sinus back of the left ear had, off and on, discharged dirty, sanious matter, for more than three years. A wire at white heat was introduced in the sinus, and there was no further discharge.

Applied also in the early stages of certain bone diseases, the cautery yields incomparable results.

DILATATION OF THE STOMACH.

BY J. B. POTSDAMER, M.D.

THE distention of the stomach begins in the fundus and extends to the other parts of the organ. The mucous membrane usually becomes thinned and smooth. The muscular coat becomes thickened. Fatty degeneration of the muscular tissue has been observed. The stomach may become so large as to displace the other abdominal organs, in which case the duodenum, together with the pylorus, is carried downwards.

The most frequent cause of this disease is an obstruction in the neighborhood of the pylorus, usually carcinoma of that end. The obstruction may be in the duodenum. The hyperscopy of the muscle is due to the efforts of the stomach to overcome the obstruction. Overfeeding may act as a cause of the disease, as may adhesion of the walls of the stomach to other organs, preventing a full action of the organs in question. Gastric catarrh and anæmia may give rise to this affection.

Symptoms.—Emaciation, more or less marked according to the duration of the disease. Examination of the abdomen might deceive, as the dilated stomach gives the appearance of obesity. On close examination it will be seen that the enlargement is below the epigastric region.

The appetite varies; it may be impaired, absent, or voracious. Dyspeptic symptoms are rarely absent. Vomiting is common. As the quantity of chyme is diminished, the bile and intestinal juices are not secreted in the proper quantities. The stomach being only imperfectly emptied, constipation is a constant feature. The imperfect emptying of the bowel may be partly ascribed to a blunting of the nerves of the overloaded stomach; when the stomach is emptied at regular intervals, the constipation is relieved.

The urine is alkaline, and diminished in quantity, due in all probability to the deficient absorption of fluids by the stomach. All the tissues become dry, owing to a deficient quantity of fluids entering the circulation.

Inspection of the abdomen will reveal a tumor, whose outlines resemble the stomach. On palpation, we detect a soft, elastic mass. Further manipulation reveals a splashing sound. Percussion may give a dull or a tympanitic note, depending upon the fact, whether the stomach is empty or full. As the stomach is never entirely empty, dullness is almost always heard along the greater curvature. The diagnosis is rendered positive, if the patient, lying on his back and the stomach tube inserted, the lower end of the instrument can be felt below the horizontal spinous process of the ileum on one side to that on the other.

Treatment.—A good, nourishing diet, with tonics, are of importance in some cases. Overfeeding must be avoided, as it is often the cause of the disease.

Small quantities of food should be taken at a time. The stomach-pump is the best of means we have of treating this disease. The frequent emptying of the stomach gives the most relief, and prevents further dilatation. The syphon has been used for this purpose, but it cannot take the place of the pump, as solid matter is not apt to escape through the syphon tube.

Cases occur in which the stomach-pump is inadmissible, in fact, unjustifiable. It must not be used in cases where ulcer of the stomach

walls is suspected, or where patients manifest a repugnance to the introduction of the tube, or where the mere attempt at introduction of that instrument excites alarm and spasm of the muscles of deglutition. In these cases we must adopt other means for relieving the stomach. Emetics would naturally suggest themselves, but the objections to them are, discomfort to the patient, probable failure to entirely empty the stomach, and the diminished tonicity of the muscles might prevent the act of vomiting. This renders the use of other means, which will carry the food through the pyloric orifice, necessary.

Kohler and Kussmaul have obtained good results from the use of drastic pills, such as extract of colocynth, scammony, etc., Leube has been using the Carlsbad waters for this purpose, in the milder as well as in the severe cases. This water, as has recently been shown by the experiments of Peuzoldt in a case of dilatation of the stomach, not only expels the contents of the stomach into the intestines, but also tends to relieve the complicating gastric catarrh.

Carlsbad waters are, therefore, the best means we have of treating this disease when the use of the stomach pump is inadmissible.

PHILADELPHIA, May 12, 1887.

SOME THOUGHTS ON THE ABUSES IN MEDICAL JOURNALISM.

BY JOHN V. SHOEMAKER, A.M., M.D.,
President of the Association of American Medical Editors.

(Delivered in Chicago, June 6, 1887.)

GENTLEMEN: I propose, in my remarks, which as your president, it is my pleasing duty to make, to dwell upon some of the abuses that have crept into medical journalism, with the hope that, in calling your attention to them, it may cause a thought or two in the direction of their eradication; for, as Dr. Bowring beautifully expresses it, the Press is the—

> "Mightiest of the mighty means,
> On which the arm of progress leans;
> Man's noblest mission to advance,
> His woes assuage, his weal enhance,
> His rights enforce, his wrongs redress,
> MIGHTIEST OF MIGHTY IS THE PRESS."

True, it has a noble mission for man when it lends itself for good and not for evil, but, alas! that it should be said of it, how often do we see, with painful feelings, the bad advocated and the good decried! But this should not be so. Our journals, in order to fulfill their mission properly, should rise to the highest plane of truthfulness, scorning alike the false and unreal; but nourishing with all their strength those who contribute to the enlightenment of our noble profession, and spend their energies in endeavors to elevate it to the highest pinnacle of scientific research!

> "Who would ever care to do brave deed,
> Or strive in virtue others to excel,
> If none should yield his deserved meed—
> Due praise—that is the spur of doing well?
> For if good were not praised more than ill,
> None would choose goodness of his own free will."

And now, gentlemen, I will turn to the subject matter of my discourse, and speak first of what I shall term commercial medical journals. A commercial house having a large trade, and, as a consequence, considerable rivalry, after due consideration arrives at the conclusion, that in order to outstrip its competitors, it is necessary that the establishment should have a vehicle of its own, in the shape of a weekly, monthly, or quarterly publication, to sound the praises of their wares. The reasoning is somewhat thus: "To make money is our object; to attain that end we must sell our productions at a handsome profit; we have already pushed as far as allowable, in the regular medical issues those standard articles which are reliable and are well known for their intrinsic worth; but this does not satisfy us; there is not enough in it; others have the same facilities, and, as we are manufacturing a line of medicines peculiar to ourselves it is essential that we should bring them to the notice of the public, and, by constant laudation, cause them to be bought." And then the question is asked, "Why not have a journal of our own, edited and published under our sole control? If we do not get many subscribers, which is a small matter in comparison with the insidious manner we will pursue in getting readers, it will pay very handsomely by sending it 'complimentary' to every one who may be thoughtless enough to accept it. We will procure a prominent name or two as writers on scientific subjects, and then fill the rest of the columns at our own will, clipping from others occasionally as may serve our purpose." And thus the new journal is started for the express purpose of advertising poor drugs, inferior preparations, worthless instruments, and still more worthless books that are written, not for the experience they contain, but for the gain they may bring;

and this is one of the abuses that will bring true medical journalism into disrepute if it is not frowned down by all honest medical journalists.

In connection with the above it would seem fit to call attention to the seeming innocent trap which is set for the publishers of some of our well-established scientific journals; and how readily they step into it! We allude to the disfigurement of their reading pages by the introduction between them of highly-colored leaves of flaming advertisements of certain specifics, etc., warranted to cure every evil to which mankind is liable. Surely it must shock the sensitive nature of the editor on finding that, after he has written a peculiarly timely article warning his readers against quacks and their nostrums, and on which he has spent a good deal of time and labor, to discover that it has been sandwiched between a broadside containing the announcement on one page that there is only one true remedy for all diseases, and that it only can be procured from Messrs. —; and on the other a similar announcement from a rival house that they alone possess the cure all. Of course he expostulates with the publisher. But that gentleman, taking a mercantile view of the case, generally replies: "My dear sir, those people are rich, and were willing to pay almost any price for the desirable situation I have given them; if it is of any consolation to you, I can assure you I charged them heavily; indeed, so much so that I can afford a slight increase in your salary, if that will placate the annoyance caused; it is too late now to object as they put me under a rigid contract. But if I had thought—." Here our friend, the editor, silently thinks "it might have been" otherwise if I were the publisher, and quietly changes the subject. This is no fancy sketch, for it has occurred in my own experience, and, I dare say, to others before me. It is too painful to speak of our "valued correspondent's" feelings, when he sees his communications treated likewise. Let us hope

> "He knew what's what and that's as high
> As metaphysic wit can fly."

I think it is decidedly desirable that an editor should have the entire control over the pages of the publication for which he assumes the responsibility of editing, and not be governed by the avarice of the publisher. The editor alone is held responsible by the reading public for its contents, and many is the wonder that he permits the best thoughts of his writers to be thus marred by the unsightly advertisements so nauseously displayed. The proprietor of the journal, even if he should hold the dual position of publisher and editor, in good taste, and in all honesty to his readers, should confine the advertisements to their appropriate place. In this I hope I will be heartily indorsed by the profession generally.

Another abuse is the insertion, between items of general interest, of the peculiar value of medicines recommended as certain specifics for certain diseases by prominent physicians of this and other countries, and giving as an indorsement the name of a leading journal, tending to the belief that it is the pronounced opinion of the editor, whereas it originally appeared as an advertisement. This is a flagrant wrong that should be promptly repressed. It is a gross injustice to all concerned from the beginning to the end, as I will show, commencing with the advertiser, who is the first interested: He thinks he is doing a wise thing by pushing his wares before the public in a noticeable position. Perhaps so. But he forgets that if his specifics are failures, he falls to the ground, and is hopeless to rise again in the reading columns, for, in legal parlance, he has had his day in court. Next comes the publisher: He accepts the flattering notice, and inserts it for a consideration at so much per line in a prominent position among the current items, and forgets all about it, until he is reminded by some indignant subscriber, who asks what is the meaning of the puffing of Messrs. — medicines in the legitimate reading of the journal, and why the announcement of their value should not be confined to the advertisement pages? It gives food for reflection, and generally leads to the loss of subscribers, and certainly diminishes the influence of his publication; but it may be too late to recover the foothold lost in the confidence of his patrons. Next comes the editor, but I will reflect his thoughts in a couplet:—

> "I am dumb, as solemn sorrow ought to be:
> Could my griefs speak, the tale would have no end."

Now there is another abuse of which I will speak: Some of the large and opulent publishers of medical works seem to think that editors are so anxious to possess their publications that it is not worth their while to pay postage or express charges on their books which they send them for review, but expect a highly commendatory notice—and a lengthy one—

for, often, a work of inconsiderable merit. And here, I think, we should join hands in sticking together. Look at it: Our publisher sends you the book for review, accompanied with the express or postage charge. You are expected to write an elaborate article on the subject. To do it and yourself justice the time must be taken to read it carefully, and then give your opinion of it. After this is done it is printed in a prominent part of the journal, and as a matter of news, and all for what? I will let my fellow editors answer the question. But I think in all decency, the publishers should at least send their productions to us free of charge. Indeed, I do not know of any other business which has thus trespassed upon the good nature and forbearance of those in charge of medical journals. I would suggest that when books for review come to us marked C. O. D. to refuse them, and the probabilities are that it would not be long before the injustice would be corrected. There is ample food for reflection here in regard to the reviewing of books, but I will not dwell further upon it, but I trust that what I have said will lead to a correction of this imposition.

Now, gentlemen, I am about to touch upon a tender point; and, to disarm criticism, I shall speak without "malice or prepense." I have noticed, while looking over my exchanges, in the editorial columns, that an asperity—or, to modify the word, a want of amenity—occasionally appears when speaking of an "esteemed contemporary." Parenthetically, I may here remark, blushingly, that I may have been at fault myself at times in this respect. But why should this be? I am sure there is not in the English language such a paucity of words that we cannot express a difference of views without trenching upon good breeding, or wounding the susceptibilities of our fellows. Let us all try hereafter to avoid the biting, cutting style, and to remember that there is a gentlemanly mode of carrying on a discussion, which generally wins in the end. But, just here, another thought arises in connection with what I have said: It is an extremely unpleasant sight to witness among some of those of us, who happen to be editors, assume all the honors and dignity of the position, and declare that their *ipse dixit* should govern public opinion. If they knew what a small hole they fill in the vast field of journalism, they surely would confine themselves to moulding the views of their subscribers to their own peculiar ideas, and let others do the same. For in this vast country of ours each editor has his own field to till, and it requires all of his ability to do so with profit to himself and his readers. Again, there is another point which I desire to call your attention to, and that is, the absolute necessity of giving due credit to clippings. It is very pleasant to one's feelings on opening exchanges to find a cherished article of your own copied extensively, but not so agreeable to find at the end of it a (—), and "Exchange," as the only paternity of it. I know, of course, that this very often arises from thoughtlessness or carelessness, but, I am sorry to say it, I believe it is sometimes intentional. Indeed, there is so much to say on this subject that it would test your patience were I to continue further, and with these few remarks will now close with a brief reference to the International Medical Congress.

As we all know, there has been a great deal of bitter feeling engendered by some enterprising but disappointed gentlemen among a few of our profession, but as they have been relegated to the shades of private life it is not necessary to refer to them any further. But, gentlemen, I particularly desire your attention to the necessity of us all working in one harmonious whole to the making of the Congress a magnificent success. Everything already tends to that end. But let me impress it upon your minds, in order to reach a triumph, it must be by work! hard work! and work unceasingly! You will have to put your best thoughts in your papers, for, I assure you, our foreign visitors are on their mettle, and are determined that they will not be put to the blush. Another thought uprises in my mind: I think it would be a happy idea for our Association to invite all medical editors, authors, and writers, both from this and foreign countries, who may be attending the meeting of the International Congress, to assemble together and form an international exchange of friendship, the reunions of which shall be synonymous with those of the International Congress. But be this as you think.

Gentlemen, thanking you for your patience in listening to me, I will conclude in the language of Dickens's "Tiny Tim," by saying, "God bless us all, and every one!"

SUBSCRIBE for THE MEDICAL BULLETIN.

SELECTED ARTICLES.

MUST THE OVARIES GO?

BY C. H. HUGHES, M.D.

PSYCHICAL IMPRESSION is an important factor in the cure of hystero-epilepsy, as it is in the cure of insanity. Likewise, also is, a powerful physical impression, especially a tragic capital operation.

Dr. N. L. Folsom gave an account of a woman who had her voice restored, and her paralyzed limb cured by having accidentally received a bullet wound in her paralyzed limb. "In 1878 an old man, a shoemaker, of extreme deafness (he also records) was cured by a severe paralytic shock of one side, so that he heard the rest of his life, several years, as well as most persons."

The removal of a testicle or an ovary may arrest a vaso-motor neurosis, just as the shock of a great mechanical violence has suddenly cured a violent mania.

Cure of insanity sometimes followed flagellation in the days of Galen, and this procedure, and even "the bath of surprise," as it was termed, and the whirling chair in Rush's time, sometimes had recoveries to their credit, just as an occasional recovery from mental disease now follows Battey's operation; but the amputation of a leg or other formidable procedure would answer in most cases just as well to produce the desired mental impression to effect a cerebral vaso-motor change, and arrest and alter a consequent abnormal psychical activity.

Dr. Bryson, of St. Louis, reports a case where hystero-epilepsy was cured, not by a removal of one or both ovaries, but by making an incision through the skin, having anæsthetized the patient and put her to bed, telling her the ovaries had been removed. He thinks we would be less willing to promise cures if we would wait a sufficient length of time to enable us to observe with a fair degree of certainty whether or not a disease for which an operation had been undertaken was going to be cured thereby, or only relieved.

If some of our ovariotomists would try Dr. Bryson's plan, in lieu of their real oophorectomies, substituting the psychical for the surgical castration for hystero-epilepsia, they would doubtless often have equally good results. Why not! when a powerful electric shock, a hot iron, a cold douche, a pungent inhalation, or an anæsthetization will do so much in many cases of psychical paralysis.

A formidable operation announced, followed by all the necessary preparation and by anæsthesia, makes a strong impression on the psychical centres.

Our ancestors, before the discovery of anæsthesia, used to profoundly impress hysteria, arrest it, and sometimes cure it by the formidable preparations and the psychical shock of fear. Try the formidable preparations, all but the unsexing process. Let the woman keep her ovaries, and you keep the secret, gentlemen, oophorectomists, and give the profession a record of results.

Try Bryson's plan, and the future will not find gynecology apologizing, as Dr. T. A. Emmet predicts her votaries will be doing, for having needlessly spayed so many women.

There are, undoubtedly, cases of nervous disease in which the ovaries may be taken out to the woman's advantage, but they do not present often, and when they do the necessity or advisability of taking them away should be determined by joint conclusion of two or more expert neurologists and gynecologists in counsel. Let the novice in both neurology and gynecology keep his hands off the ovaries, save in kindness. "Let no such man" (with a knife) "be trusted."

Dr. Tait says that the operation is only justifiable when the ovaries and uterus are the seat of organic disease, while Dr. Thomas, of New York, another able gynecologist, thinks that dysmenorrhœa and hystero-epilepsy make it justifiable.

Sir Spencer Wells says, "The right to use this operation is very limited in cases of ovarian dysmenorrhœa, and only when they have resisted all other treatment, and life and reason is endangered."

We honor Battey for the surgical skill, caution, conservatism, and assiduous care he has generally displayed in the selection, treatment, and after-management of his cases, but if some of his many immaturely experienced and over hasty imitators had been cut in their youth, or would now "give us pause" in their cutting propensity in this direction till they shall have more maturely considered what they are proposing to cut out with the often unoffending ovary, when they enter the obscure and boundless domain of psychiatry (to them an

unknown country, in which only the temerity of ignorance leads them without a proper guide) our wives and sisters and daughters would be safer, and gynecology, which aims to be, and is, the friend of woman, would be spared an ineradicable stain upon her good name.

The glory of gynecology is in the conservatism, not in the mutilation or destruction of woman, except where imperious mandate decrees the absolute impossibility of saving both part and whole.

The chief glory of all surgery is in the skilled judgment that wields and decides upon the wielding of the knife.

The experience broadened and logically trained judgment, unbiased by an itching propensity for many capital operations, makes the trusty surgeon in the momentous life crisis of a possible oophorectomy.

It were better that Battey's arm had lost its cunning before its skill had shown the world how safely the ovaries might be removed, or that the speculum had lain till now undiscovered in the ruins of Pompeii, than that these great and common glories of modern medicine should be too often and too recklessly used to woman's harm.

As we write this protest against rash and ill-chosen oophorectomy, a case is just in mind where a poor woman fully persuaded by medical advice that all her diseases is in her troubled ovaries and that to save her health they must be taken out, accepts with resignation her possible fate and bids good-bye to her husband, family and friends, lest she should never see them again, and this case we know to be one of the vaso-motor failure and neurotic spinal and ovarian hyperæsthesia only. The woman's mother and father, though still living at an advanced age, and her own previons history as long known to us, and our personal experience in successfully treating her and a personal examination, justify the conclusion which a few week's treatment addressed to the tranquilization and invigoration of the weakened nervous system would confirm.

In a few weeks from now this lady will not talk of oophorectomy, and in a year from now the physician, who proposed the operation (who, by the way was a female doctor) will wonder how the patient could have gotten along without getting rid of her ovaries, and will not learn the lesson which such cases teach, that the neurotic disorders of women are equal, if not paramount to her primary ovarian troubles.

This may yet be considered a little heterodox in gynecological circles, but the light is dawning, the bright lights in gynecology already discover the illumination, and before long the medical world will look upon woman as an organism with a brain to be disordered, as well as a pelvis, with nerves and other organs besides ovaries requiring medical attention.

The source of many of her diseases is even now sought beyond the pelvis. She was made to sacrifice many clitorides before the Brunonian butchery fell into just professional contempt as a cure-all for her many maladies, and many of her ovaries shall yet be offered on the altar of medical ignorance, but the light is dawning that is destined to ransom her from needless slaughter.

There is no danger that "normal ovariotomy" will become, as it lately threatened to be, an operative pastime of ambitious young surgeons. The gynecological reaction has come, and woman's pelvis will not be a surgical workshop, nor her vagina a tool-chest for mechanical contrivances whenever her head or spine, or peripheral nerves are found to be out of order.—*Weekly Medical Review.*

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*CONSERVATISM IN GYNÆCOLOGY.**

BY HORATIO R. BIGELOW, M.D.,
OF WASHINGTON, D.C.

OVER two years ago, I wrote a paper for the Boston Gynæcological Society on "The Conservation of Energy and Conservative Gynæcology," every point of which I can now emphasize with double force, and, some time prior to this, I also made plea for patience in the treatment of oöphoritis and salpingitis. While my own personal experience in surgical gynæcology is exceedingly small, I have seen, perhaps, as many operations as most men of my years, and have assisted at a large number. In the conservative treatment of the diseases of women I have had quite an intelligent experience. What I write is based upon a long series of observations, and upon two years of hard work upon the Continent. I have too, the courage of my convictions, for what I have seen that do I believe and know. The sur-

* Read before the Gynæcological Society of Boston, February, 1887.

geon, with his brilliant results, lays up for himself treasures upon earth, and brings about him all the luxuries that wealth, reputation and social prestige can give. The patient plodder in conservatism is often out of pocket; goes to his home with many a misgiving and many a heartache. I hope, for his sake at least, that there may be a real, actual heaven, in which his treasure may be laid up, for, scientifically, if he has rescued his patient from suffering, he has done more than the surgeon who, in half an hour, has rid her of pain at the expense of some of her organs, and at the risk of her life.

And first, I wish to say a word in regard to uterine tumors: I hold it as axiomatic that no tumor calls for surgical interference unless it is immediately endangering life. This brings in the question of hemorrhage and early operations. Hemorrhage does endanger life, it is true, but not in the sense which I mean. I hold a hemorrhage to be dangerous, only when it fails to yield to conservative principles of medicine,—ergot, etc. Therefore, a myoma that bleeds presents no indications for removal, unless the bleeding be beyond the control of other well known measures. Primary, simple hemorrhage of itself does not endanger life, unless it be beyond the control of the medical man. Tumors only bleed when associated with endometritis fungosa, or with a predominant glandular endometritis, or with a glandular endometritis on one side, conjoined with an interstitial endometritis of the other side. It may not be impossible to modify these conditions by local treatment, at the same time that we act upon the capillaries by the internal administration of ergot. At all events, only a small percentage of myomata endanger life from any cause whatever, and a plea for an early operation cannot possibly find a logical foothold in these cases. In rapidly-growing cysts, which endanger life by pressure, and by interfering with those functions which are necessary to life, the question is one of quite another nature. A myoma may endanger life by rapid development (rare), or by blocking up the pelvis and so interfering with the functions of the bladder and rectum, or by undergoing degeneration; but even in these cases electricity and ergot should be given a fair trial. Every woman who has her abdomen opened subjects herself to a certain fatal risk. The responsibility of a fatal issue no surgeon has any conceivable right to assume, until he has satisfied himself that all other means are useless, and that the woman must die unless operated upon. Now a myoma, without alarming hemorrhage, that grows slowly, and that occasions no discomfort from pressure, surely does not demand a dangerous operation; and yet I have seen many such cases die after a laparotomy, when they probably would have lived many years had they been left alone. Any woman would much rather live on for years as a sufferer, than to have the tumor taken out at the risk of her life. Even in the earliest stages of their development in which a diagnosis is possible, a laparotomy is always a dangerous operation, and no surgeon can possibly say beforehand whether such a tumor will assume an alarming form or not. I am convinced that many myomata have been operated upon unnecessarily, and I am equally sure that the careful use of ergot and electricity by intelligent men will render the necessity of laparotomy for uterine myoma an exception. The mania for surgical renown has become such an epidemic that medical men forget that there are tumors and diseases which do better under conservative handling. The mistakes that are made, and the results that are obtained, should be lessons pregnant of thought. But they are not. Death follows death; mistake follows mistake; and still the crowd rush madly on.

I cannot conceive of anything more pernicious than the advice urged by an eminent surgeon: "When in doubt, open the abdomen and find out." It reminds one of Dr. Panglos: "When in doubt take the trick" In the first place, there are few cases in which the competent gynæcologist cannot map out the disease—approximately at least. In the second place, he has no right to relieve his ignorance at the slightest risk of a human life. Fortunately for us all, a beneficent one has prevented any general acceptance of such a doctrine. I have seen some splendid results following upon the use of ergot, and have read of others equally good in Chicago. Apostoli and others are doing first-rate work with electricity. Certainly, with these facts patent, it it is simply uncalled for (I dislike using a stronger word) to open the abdomen, unless this practice has failed, and the woman's life is in immediate danger.

These thoughts are impressed upon me by long and close observation. I know of no cure for rapidly-growing cysts, or for malignant

growths, or soft myomata, but the operative treatment,—and it is in these cases that an early operation is demanded,—the earlier the better. Here surgery is truly conservative. Another class upon which surgery has gloated, is that in which the adnexa are involved. I have written so much, and at such length, upon this topic, and I have so often demanded a hearing for less "scalpel" and more patience, that I almost hesitate to add anything further. I will not go over the field which I have already traveled, because other men, abler than myself and of more experience, have lately urged the same plan of conservative handling. It is sufficient to say that many cases in which the operation is advised will get better by patient, persistent, vigorous treatment. Local applications, rest, treatment, exercise, electricity, Turkish baths, and a subjective condition of environment directed toward the patient's psychic symptoms, will surely, but slowly, bring about an amelioration. I have seen this plan work well, and I know it to be true, even were I not supported by such men as Goodell, Ball, and others. This line of treatment is troublesome, and is best carried out in a private hospital; and unless the patient has some means it is quite impossible to practice it properly. It has become almost a conviction with me, that the instances in which a laparotomy is necessary for disease of the adnexa are exceedingly rare.

My experience with these cases, and with this treatment, has been sufficiently ample to allow of my forming an opinion which is entitled to respect. Most earnestly, then, I urge upon the profession to rid themselves of their skepticism, and to try at least such regular, constant surveillance and care. The field is wider than pure surgery, just as praiseworthy and brilliant, and more immortal in its results. Couple with surgery a thorough knowledge of conservatism, and the end must crown the labor.—*Journal of American Medical Association.*

LIEPZIG, November 6, 1886.

THERAPEUTIC NOTES.

PULMONARY HEMORRHAGE.

℞. Tinct. veratri viridi . . . ♏xij.
Ext. geranii . . . . . ʒiss.
M. Sig.—Teaspoonful in water every hour.

CHOLERA MORBUS.

℞. Ol. menth. pip. . . . . ʒss.
Morphia sulph. . . . . gr. ij.
Tinct. belladonnæ . . . ♏xij.
Vini Portense . . . . ʒiij.
M. Sig.—Two teaspoonfuls every hour until relieved.

SUMMER COMPLAINT.

℞. Tinct. capsici . . . . ʒss.
Tinct. opii deod. . . . ʒss.
Ext. geranii . . . . fʒj.
Syr. simp. . . . . ʒj.
M. Sig.—Teaspoonful every three hours for a child two years old.

MALARIAL DYSENTERY.

℞. Pulv. opii . . . . gr. vj.
Quinia sulph. . . . . gr. lxxx.
Ol. theobroma . . . q. s.
M. Ft. suppos. No. iv.
Sig.—Insert one in the bowel every six hours.

SPINAL ANÆMIA.

℞. Tinct. nucis vomicæ . . ʒij.
Tinct. belladonnæ . . . ♏xxij.
Tinct. bardonis seminis . ʒiiss.
M. Sig.—Teaspoonful, in water, four times a day.

VARICOSE ULCERS.

℞. Ung. hydrarg acidi nitratis . ʒij.
Bismuthi subnit . . . . ʒiij.
Adipis . . . . . ʒij.
M. Sig.—Apply night and morning.

ENTERO COLITIS.

℞. Tinct. aconiti rad. . . . ♏iv.
Morphia sulphatis . . gr. ¾.
Quinia sulphatis . . gr. xxiv.
Syr. yerba santa . . ʒj.
Syr. simp. . . . . ʒij.
M. Sig.—Teaspoonful every three hours for a child one year old.

INFANTILE COLIC.

℞. Spts. chloroformi . . . . ʒj.
Morphia sulphatis . . . gr. j.
Vini Portense . . . . ʒj.
Elix. simp. . . . . ʒj.
M. Sig.—From ten drops to half teaspoonful, according to age.

HAIR TONIC.

℞. Ol. cajeput . . . . ♏xx.
Tinct. nucis vomicæ . . ʒss.
Tinct. capsici . . . . ʒj.
Ol. bergamot . . . . ♏x.
Ol. olivæ . . . . ʒiv.
M. Sig.—Rub a small quantity in the affected area every night.

MALARIAL NEURALGIA.

℞. Morphia sulphatis . . . gr. ss.
Pulv. myristicæ . . . ʒss.
Quinia sulph. . . . gr. xl.
Ol. theobromæ . . . q. s.
M. Ft. suppos. No. ii.
Sig.—Use one every six hours.

SCANTY URINATION.

℞. Tinct. belladonnæ . . ♏xvj.
Lithii bromidi . . . ʒj.
Liq. potassii citratis . . ʒij.
M. Sig.—Teaspoonful, in water, every four hours.

WHOOPING COUGH.

℞. Morphia sulphatis . . . gr. j.
Syr. ipecac. . . . ʒss.
Spts. chloroformi . . . ʒij.
Syr. yerba santa . . . ʒij.
M. Sig.—From ten drops to half a teaspoonful every three hours, according to age.

CHOREA.

℞. Tinct. stramonii . . . ♏xij.
Ammonii bromidi . . ʒiss.
Syr. simp. . . . ʒiij.
M. Sig.—From one-half to two teaspoonfuls, three times daily, according to the age of the patient.

CHRONIC MYELITIS.

Dr. N. S. Davis usually orders—

℞. Hydrarg. bichlor. . . gr. iss.
Sodii iodidi . . . ʒss.
Tinct. stramonii . . . ʒiss.
Tinct. phytolacca . . ʒiiss.
Syr. simp. . . . ʒiv.
M. Sig.—Teaspoonful in water after meals and at bedtime.

MENINGITIS.

℞. Tinct. aconiti rad. . . . ʒss.
Potassii bromidi . . . ʒss.
Syr. simp. . . . . ʒiss.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

PUTRID DIARRHŒA.

℞. Acidi salicylici . . . ʒss.
Morphia sulphatis . . gr. ij.
Spts. ammonii aromat. . ʒij.
Spts. vini gallici . . . ʒij.
M. Sig.—Teaspoonful every two or three hours.

CHRONIC MALARIA.

℞. Pulv. geranii . . . . ʒj.
Pulv. cornus Floridæ . . ʒiss.
Pulv. myristicæ . . . . ʒss.
Pulv. cinchonæ rubræ . . ʒiv.
Vini Portense . . . . ʒxx.
M. Sig.—Tablespoonful after meals.

CHOLERA MORBUS.

℞. Acidi carbolici . . . ♏iv.
Morphia sulphatis . . gr. iss.
Aquæ menth. pip. . . ʒj.
Elix. simp. . . . ʒj.
M. Sig.—Teaspoonful every hour.

THERMIC FEVER.

℞. Tinct. aconiti rad. . . ʒss.
Chloral hydrat. . . . ♏xxiv.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful every hour.

LUMBAGO.

℞. Tinct. capsici . . . . ʒss.
Collodion . . . . ʒj.
M. Sig.—Apply with a camel's-hair brush over the affected area.

PSORIASIS.

℞. Liq. potassii arsenitis . . ʒij.
Syr. aurantii . . . . ʒiij.
M. Sig.—Teaspoonful, after meals, in water.

HEPATIC INDIGESTION.

℞. Tinct. nucis vomicæ . . ʒiss.
Acidi hydrochlorici, dilut. . ʒiss.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful after meals.

CHRONIC GONORRHŒA.

℞. Zinci acetatis . . . gr. x.
Morphia sulphatis . . gr. v.
Aqua . . . . . ʒxj.
M. Sig.—Use a tablespoonful every second day as an injection.

TYPHOID FEVER.

℞. Tinct. ignatiæ . . . . ʒj.
Tinct. aconiti rad. . . ♏xxiv.
Spts. myristicæ . . . ʒss.
Vini Portense . . . ʒiss.
M. Sig.—Teaspoonful every four hours.

DIURETIC WINE.

The celebrated "Vin Diuretique, Hotel Dieu," as devised and frequently used by the great Trousseau, is made as follows:—

	Parts.
℞. Digitalis	v.
Rad. scillæ	viij.
Juniperis	lxv.
Potassi acetatis . . .	l.
Alcoholis (90 per cent.) .	c.
Vini albæ	dcccc.

M.—The squills, digitalis, and juniper berries are to be broken up, and macerated for two weeks in the alcohol and wine, the mixture being frequently stirred. At the expiration of the fortnight, it is to be pressed, strained, the acetate of potash added, and the compound filtered, when it is ready for use.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, July, 1887.

CHOLERA INFANTUM.

THE Provincial Medical Journal for July contains a valuable letter from Dr. Alexander Harkin upon the causation and treatment of cholera infantum and choleraic diarrhœa. Dr. Harkin directs attention to the fact that while bad sanitation and errors of diet are frequent predisposing causes of ordinary diarrhœa, high atmospheric temperature is essential for a continuance of the development of cholera infantum, the severity of the attacks always corresponding in exact proportion with the extent and duration of the high temperature, and the abatement of the epidemic with the decline of summer heat.

Extreme heat operates by depressing the nervous mechanism of digestion. Under its influence the general circulation is excited to overactivity, the liver is engorged, as if to supplement the insufficient action of the lungs, an increased secretion of bile is the result, terminating so often in choleraic diarrhœa. The cramp and spasms, the great depression of the power of life, the convulsions of so frequent occurrence, and the stage of collapse which so often terminates existence, all betray, in a lesion of the nervous centres, the neurotic origin of the disease.

According to Claude Bernard, the stage of collapse in cholera-major is due to great irritation and hyperæsthesia of the sympathetic system; and as many scientific authorities regard cholerine, cholera nostras, and cholera Asiatica, as similar in nature, but differing in degree, should we accept his teaching as regards the etiology of the most developed form, we may also fairly apply it in explanation of similar phenomena in the other grades of the species. Having for many years been convinced of the soundness of Bernard's proposition, Dr. Harkins's plan of treatment has been formulated in strict accordance with its requirements. As the pneumogastric nerve is the natural antagonist and controller of the sympathetic in the abdomen, he invokes the assistance of that spinal nerve by applying over its sheath in the neck, from the mastoid process to the angle of the lower jaw, a rapidly-acting blistering fluid with the satisfactory result that in most cases the cramp, vomiting, and purging immediately terminate, natural heat returns to the body, the child falls asleep, and after a few hours awakes free from danger.

Such is the plan of treatment he adopts if called to a child in collapse, or when being in charge from the beginning, the disease does not yield to treatment. In the preliminary stage absolute repose in the recumbent position is enjoined, with warmth to the surface and to the extremities, total abstention from mothers' and cows' milk, ordering, when available, condensed milk, or as an alternative, arrow-root prepared with water, and the free addition of Port wine. It is wonderful how large a quantity of wine thus administered an infant of a few months will consume and require, also beef tea, well made and freed from fat; counter-irritation over the abdomen by poultices and sinapisms; and, failing these remedies, a small blister over the liver, to remove the congestion of the hepatic system. This latter form of counter-irritation will often be found most satisfactory and successful.

As internal medicine, Dr. Harkin, having long since discarded the old-fashioned chalk mixture and astringent tinctures, now relies principally upon dilute sulphuric acid, with or without tincture of opium. If given alone, it may be administered after every liquid motion; if with laudanum, then only in regulated doses, at intervals. Of course, if the use of milk be persevered with as food, the acid will cause griping and the formation of hardened lumps in the bowels. One additional reason for its administration is derived from modern researches, which show that the microbe to whose presence so much intestinal trouble is now attributed, cannot live in an acid medium, but in an alkaline nidus alone.

As testifying to the safety and success of this

treatment, Dr. Harkin refers to a letter of Mr. Harry Poole Berry, M.B., Grantham, published in the Lancet, October 24, 1885, which states, among other things, that he had tried this external application in the manner described—viz., blistering behind the angle of the jaw, in at least twenty cases, ranging from infancy to old age. "In all the cases it has been attended with marked and immediate success, the vomiting and diarrhœa being controlled almost at once, and in some of these cases I had previously used acid and opium, catechu, chalk, logwood, etc. It is, at any rate, a method of treatment which is attended with no risk, and in no way interferes with any other treatment which the practitioner may see fit to carry out." More recently the Lancet publishes the results obtained in Buenos Ayres, by Dr. Præn, in cholera, where the neurotic treatment had been pursued with much success by stimulating the hypogastric, and paralyzing the action of the sympathetic in the abdomen.

INFANTILE MORTALITY DURING THE HEATED TERM.

THE enormous infantile death-rate during the summer months could be reduced one-half or more if parents, nurses, and all concerned would remember that heat, excessive heat alone, is the cause of so much sickness and death. When the temperature declines the death-rate falls to rise again when the next hot wave appears.

The first and most essential principle of treatment then should be to remove or antagonize the excessive heat which is productive of all the trouble. Remove the child from the heated tenement to the seaside or river sanitarium and immediate improvement occurs. Unfortunately this change of air and scene is not always possible. The next best plan of treatment consists in applying cold to the surface. The hot, feverish child should be stripped and placed in a tub of cold water and iced-water poured freely over its head until its temperature has been reduced to almost normal. It should then be taken from the bath, wiped dry, loosely clothed, placed near an open window, and permitted to partake freely of cold water; opium, aconite, belladonna, calomel, quinine, carbolic acid or any other medicine that may be required, may then be ordered, but none of them will be found so potent in bringing relief as the cold bath, or the application of cold to the feverish brain and body.

Dr. Harkins's recommendation to apply counter-irritation to the pneumogastric is a genuine advance in the therapeutics of cholera infantum, and will be the means of saving many lives, but even it must be regarded as secondary to the general cold bath and the applition of ice to the head.

PHARMACEUTICAL VAMPIRES.

THE ancient and honorable profession of pharmacy should take prompt measures to purge itself of the greedy and unscrupulous vampires whose sole aim is to amass riches at the expense of the credulous and unfortunate patrons of their shops.

Substitution of inferior, low-priced goods for the reliable preparations ordered by the physician, is only one of their nefarious, everyday practices. Counter-prescribing for every ill that man or woman may complain of is regarded by these vultures as an opportunity to fill their money drawer which must not be missed, even though their unfortunate patients lose in health and pocket.

Charging exorbitant prices for prescriptions, viz., seventy-five cents for a drachm of quinine, twenty-five cents for six compound cathartic pills, seventy-five cents for two drachms of saccharated pepsin, one dollar for a few grains of sulphate of zinc and acetate of lead dissolved in four ounces of water—is another crime against the sick and helpless which they perpetrate unblushingly day after day.

If the various pharmaceutical associations cannot relieve the community from these quacks and extortioners, physicians will be compelled in justice to their patients, to warn them against paying more than a fair price for their medicine, and to tell them what that fair price should be.

IT will pay you to advertise in THE MEDICAL BULLETIN. It circulates all over the United States and Canada and in Europe.

MEDICAL NEWS AND MISCELLANY.

DR. JACOB GEIGER, of St. Joseph, Mo., was married on April 12th to Miss Louise Kollatz.

DR. JAMES S. JEWELL, editor of the Neurological Review, died at his residence in Chicago on April 18th.

D. APPLETON & CO., New York, announce in press a text-book on Skin Diseases, by John V. Shoemaker, A.M., M.D., of Philadelphia.

THE NASHVILLE MEDICAL NEWS is a new semi-monthly medical journal, which gives promise of a brilliant future. It is edited by Drs. Richard Douglass and John McAlister.

THE UNIVERSITY OF MICHIGAN is about to establish a School of Hygiene to be placed under the direction of Professor V. C. Vaughn, of the State Board of Health.

DR. EZRA MICHENER, the oldest and one of the most distinguished physicians of Pennsylvania, died at his home, near Toughkenamon, Chester County, on June 24th, aged ninety-two years and seven months.

ANTE-MORTEM EARTH TREATMENT.—A distinguished Philadelphia surgeon advocates the systematic use of earth as a topical application to wounds. This is a very old treatment, but heretofore surgeons have waited until after the patient was dead before making topical application of earth.—*Medical Record.*

We sympathize deeply with our esteemed contemporary, for it is so nearly buried under the righteous condemnation of the medical profession that its condition is very near the one so wittily described in the last section of the above. Pride, intolerance, and egotism may pass for learning and ability for while, but in the end fall far short of the mark aimed at.—*Medical Register.*

THE LOUISIANA STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. Joseph Jones, New Orleans. Vice-Presidents, First Congressional District, Dr. F. W. Parham, of New Orleans; Second, Dr. H. D. Burns, of New Orleans; Third, Dr. T. Herbert, of Iberia; Fourth, Dr. F. M. Thornhill, of Bienville; Fifth Dr. I. J. Newton, of Morehouse; Sixth, Dr. T. T. Tarlton, of St. Landry.

A NEW CURE FOR CONSUMPTION.—We have noticed for some time past going the rounds of the journals the therapeutic novelty, suggested by Dr. Bergeon, of Lyons, namely, the injection into the rectum of sulphurous acid and carbonic acid gases, in consumption. This treatment is based upon the idea that the gases will be absorbed by the blood, pass through the diseased lungs, acting as a germicide, and necessarily destroying the bacillii. As the paraphernalia for carrying out this suggestion is somewhat complicated, a distinguished Nashville gynecologist suggests as an improvement that the patient be placed upon a diet of beans, sweet potatoes, and horse-chestnuts, accompanied by a liberal use of soda-water, thus securing the constant presence of the gases, and at the same time kill two birds with one stone.—*Nashville Medical News.*

DR. DANIEL G. BRINTON, who has been for a number of years editor and publisher of the Medical and Surgical Reporter and Quarterly Compendium of the Medical Sciences, begs to inform his many professional friends, and the medical public in general, that he severed his connection with those journals on the first of May, 1887. He felt obliged to take this step by the opposition of the parties who own those journals to certain changes in the Reporter, which Dr. Brinton considered necessary improvements, and justly due in a five-dollar journal to subscribers and advertisers. The requisite authority to make these having been refused, he could not conscientiously continue to publish it at that price. It is not his intention to retire from the arena of medical journalism, on the contrary, he hopes in the early autumn to announce his connection with a journal which will fully meet the legitimate demands of the medical public.

OWING to the change in ownership of the building at the N. E. Cor. of Broad and Arch Streets, where the Surgical Institute has so long conducted its business, a removal has become necessary. Until further notice, therefore, the business will be continued and conducted at the northeast corner of Thirteenth and Spruce Streets, Philadelphia, where all communications relative to Institute matters should be sent, and where all patients of the Institute are invited to call. Such arrangements have been made as will insure prompt and careful attention, including, as heretofore, the fitting and repair of braces and mechanical supports. Ample opportunities will be provided for massage, electrical and other treatment in the same line, as heretofore practiced at the Institute. It is expected that by the last of September, very complete arrangements will be perfected, such as will enable patients to receive every advantage ever possible at the old establishment. Under the new organization, nice accommodations in close proximity, can be obtained by patients from a distance, but the boarding department will be abolished, and the surgeon-in-charge will thus be entirely relieved from the cares incident to house administrative affairs, and be able to devote himself wholly to the personal care of the patients. The office hour will be 10 to 11 A.M.—J. G. ALLEN, M.D., Surgeon-in-charge.

INTERNATIONAL MEDICAL CONGRESS.—*Officers of the Ophthalmological Section:* President, Prof Julian J. Chisolm, M.D., Baltimore, Md. Vice-Presidents, Prof. E. Williams, M.D., Cincinnati, O.; Prof. L. DeWecker, M.D., Paris, France; Prof. J. Hirschberg, M.D., Berlin, Germany; Prof. L. Mauthner, M.D., Vienna, Austria; Henry Power, F.R.C.S., London, England; Prof. A.W. Calhoun, M.D., Atlanta, Ga.; Prof. Warlomont, M.D., Brussels, Belgium; P. H. Mules, M.D., Manchester, England; Prof. E. Landolt, M.D., Paris, France; Prof. D. S. Reynolds, M.D., Louisville, Ky.; W. A. Brailey, M.D., London, England; Prof. P. D. Keyser, M.D., Philadelphia, Pa.; Prof. C. H. Abadie, M.D., Paris, France; John Tweedy, Esq., London, England. Secretaries, Dr. Adolf Alt, St. Louis, Mo.; Dr. Joseph A. White, Richmond, Va.; Dr. Robert L. Randolph, Baltimore, Md.

Members of the Council: Prof. John Samelsohn, Cologne, Germany; Prof. L. Conner, Detroit, Mich.; Prof. Galezowski, Paris, France; Dr. G. F. Stevens, New York City; Prof. A. Mooren, Düsseldorf, Germany; Dr. E. Smith, Detroit, Mich.; Dr. Ole Bull, Christiana, Norway; Dr. W. V. Marmion, Washington, D.C.; Dr. A. Gayet, Lyons, France; Dr. F. C. Hotz, Chicago, Ill.; J. Richardson Cross, Esq., Bristol, England; Dr. J. L. Thompson, Indianapolis, Ind.; Dr. B. E. Fryer, Kansas City, Mo.; Dr. H. Culbertson, Zanesville, O.; Dr. A. G. Heyl, Philadelphia, Pa.; Dr. J. L. Minor, Memphis, Tenn.; Dr. H. B. Hewetson, Leeds, England; Dr. S. C. Ayres, Cincinnati, O.; Dr. W. H. Sanders, Mobile, Ala.; Dr. B. Baldwin, Montgomery, Ala.; Dr. A. G. Sinclair, Memphis, Tenn.

TALMUDIC MEDICINE.—Since the announcement of my proposition to translate the medicine of the Talmud which reached the profession through the kindness of the medical press, I have been greatly encouraged by receiving voluntary subscriptions for about five hundred copies including many from clergy of Catholic and Protestant denominations, thus making one-half of the amount necessary to secure the expense of the one thousand copies.

There is no intention to make any money out of this publication, but simply to explore and bring forth from the rich pages of this "wonderful monument of human industry and human wisdom, the Talmud," and add about three hundred years to the history of medicine.

The compilation of the Talmud began about twenty-five hundred years ago. The works of Hippocrates, which are claimed as the beginning of medical history, were written only three hundred years before Christ. This book will, therefore, add three hundred years to the annals of medical science if nothing more. It is true there are within it many "childish and irreverent things" relating to medicine, but to those who carry not creed-prejudice it will give more than history. The hygienic portion will benefit sanitary science. The laws regulating separation of women during their menstrual period will be a revelation, and the medical jurisprudence will be the pride of modern medicine. Besides the medicine and its collaterals containing in the Jerusalem and Babylonian Talmuds with all their Tosephtos, and Siphri Medrashim, there will be embodied from the Rambam (Maimonidis) Yorah-Deah, Shulchan Aruch, Aien-Jacob, Eben Ha-Ezeir, and from many other works of equal antiquity.

To make these researches will require about three years hard labor; therefore, the sooner the subscription is filled, the sooner the work will be published. It will make about five hundred large octavo pages. Price, $5, payable on delivery. If you intend to subscribe do not delay. No more will be published than the number subscribed for.—CARL H. VON KLEIN, 110 East Second Street, Dayton, Ohio.

THE TRUSTEES OF JEFFERSON COLLEGE sat down on the Faculty of that institution again on Tuesday last. The sitting-down process was accomplished by this resolution, which passed the Board of Trustees, unanimously:—

"*Resolved*, That hereafter the duties which relate to and are connected with the holding of the surgical clinics shall be performed by the Professor of Anatomy in equal association with the Professors of the Principles and Practice of Surgery and Clinical Surgery."

As Dr. William L. Forbes is now Professor of Anatomy at Jefferson College, and as the resolution of the Board is a high honor to him, and as a breach as wide as the canon of the Arkansas exists between Dr. Forbes and the Faculty of Jefferson College, the action of the Trustees is most significant of snubbing.

In those halcyon and vociferous days, when a large part of the "subjects" for the Jefferson clinics were surreptitiously obtained at Lebanon Cemetery, there arose a coolness between the Demonstrator and Faculty, while the Trustees upheld him. That was the beginning of the feeling between Dr. Forbes and the Professors, and it has in passing years become more or less chilly.

"I knew nothing of the resolution of the Trustees, passed on Tuesday last, until I returned yesterday to this city," said Dean Holland this morning to a reporter of The News. "I can say it was not a surprise. Of course, the Faculty will acquiesce in it, as the Trustees are the rulers of the college. Dr. Forbes is traveling in Europe, and has not been notified of the Board's action, but I have told his son. The change will go into effect next fall."

Dr. Forbes has had a most successful career of twenty-five years at the Episcopal Hospital as chief surgeon, and it is said the change was made in deference to his known wishes. His time has become more and more occupied at Jefferson College, and he has resigned his position in the Episcopal Hospital. In order that Dr. Forbes may have opportunites for clinical research, and the students of Jefferson might have the benefit of his instructions, he has been made equal in clinical chairs with the professors of surgery.

There is a great deal of excitement over the Trustees' action in Jefferson College and in medical circles throughout the city.—*Phila. News*, June 13, 1887.

From this account it will be seen that strife still continues in Jefferson Medical College. The few who have been ruling and estranging the many alumni by their course of action against the profession, and higher medical education have been suddenly overhauled by the Board of Trustees.

These men, by ignoring advanced course of study, driving away the active alumni and taking direct issue against the West and South in reference to the International Medical Congress, have also greatly injured the old institution. It is to be hoped that the loyal alumni will stand by the Board of Trustees in their just action.—*Med. Reg.*

Boracic Acid in the Treatment of Leucorrhœa.—For months past I have made frequent use of boracic acid in the treatment of leucorrhœa in a manner hitherto unmentioned, at least so far as has come under my notice, and with surprising success. In every case where I employed it prompt and permanent improvement resulted.

Having had some excellent results from the boracic acid packing in chronic suppurative otitis, I determined to resort to its use in a similar way in a case of leucorrhœa which had for several months resisted a most persevering use of the regular orthodox remedies, *i. e.*, nitrate of silver, tincture of iodine, fluid hydrastis and bismuth, hot water irrigations, etc. The experiment was eminently successful, and the patient returned home within a fortnight well and happy, and has so remained ever since, many months, during which time I have had occasion to resort to the remedy frequently and with uniformly good results.

My manner of using it is as follows: Having first irrigated the vagina with water at as high a temperature as can well be borne by patient, a cylindrical speculum is introduced and the vaginal walls very carefully dried, first with a soft sponge and then with absorbent cotton. This done, boracic acid in crystals is poured into the mouth of the speculum and pushed up against the uterus and vault of the vagina with a clean cork caught in a uterine sponge carrier, sufficient acid being used to surround and bury the intravaginal portion of cervix, filling the upper part of vagina. A tampon of absorbent cotton is then firmly pressed against the packing and held *in situ* until the folds of the vaginal walls close over it as the speculum is withdrawn.

This should be allowed to remain three or four days or even longer, as after this time there still remain some undissolved particles of the acid, nor will the tampon seem at all offensive. The ostium vaginæ, if examined in twenty-four hours, instead of being besmeared with the leucorrhœal secretion or discharge, presents a clean appearance, and bathed in a watery fluid, which begins to appear several hours after the packing has been placed, and in my cases this was the only discharge noticed afterward.

However, a second or even a third repetition may be necessary, but in none of my cases, numbering nearly a score, have I found more than a second packing called for, and in many one sufficed; and in no instance has its use occasioned pain, not even inconvenience.

I do not claim for this agent and method infallibility, nor should constitutional dyscrasias be ignored and this local treatment be depended on unaided to effect a cure, but here, as in the treatment of leucorrhœa by other remedies, a proper association of all means having a curative influence upon the disease constitutes the rational therapeutics.

My individual experience with this remedy in the treatment of leucorrhœa, though limited to too few cases to establish its universal efficacy, if such a wide range of power can be claimed for any medicine at any time, none the less proves it as one of the agents which, when properly employed, promises much in the treatment of the annoying and sometimes intractable conditions constituting the pathology of leucorrhœa, particularly when the change is in the vaginal glands or mucous membrane or from intra-cervical inflammation.

Nor will harm likely result from its use, though it fail in maintaining the place my experience would give it.—Dr. N. F. Schwartz, *St. Louis Courier of Medicine.*

Mammary Abscess.—Case I. Mrs. J. H., white, æt. 22, delivered seven months ago of a healthy child, which she nourishes at the breast. After exposure she experienced a succession of rigors, accompanied by severe aching in head, back, and limbs, lancinating pains through the right mamma, and followed by fever. I saw her eighteen hours later. Pulse was 120; temperature 103° Fahr.; tongue furred, marked general *malaise.* The outer and lower segments of right mamma were swelled, red, tense, and glistening, and exquisitely sensitive to the touch. I ordered

a saline laxative at once, and ten drops fluid extract phytolacca decandra to be taken every two hours until relieved of fever and pain. To the breast I applied a square piece of rubber tissue, such as is used by dentists, sufficiently large to cover the whole organ, by tying a tape to each corner. Two of these tapes were passed around the waist and tied at the back. The two upper tapes were passed, one over the left shoulder, the other under the left axilla, and tied so as to maintain equable pressure over the affected mamma. A small opening was made for the nipple, and milk was occasionally drawn from the breast during the following night, at first by a breast-glass, and later by the child. In twelve hours all symptoms of abscess had disappeared.

CASE II.—Mrs. R. L., white, æt. 20. Babe died suddenly when two months old. In her great grief, she paid no attention to herself. The following day both mammæ were enormously swollen and tender, and she had every symptom, local and general, of beginning mastitis. The apparatus above described was applied to each breast. The phytolacca extract was not given, nor was any milk taken away. In thirty-six hours the secretion was completely arrested, and the rubber tissue was removed.

CASE III.—E. T., æt. 17, unmarried, under the care of her female friends, had abscess of the left mamma. It had been allowed to open of itself, and has been discharging several weeks. A more pitiful case I never saw. She was emaciated, anæmic to the last degree, had hectic, profuse night-sweats, with absolute aversion to food. The mamma was boggy over its whole extent, and riddled with sinuses, communicating with several insufficient openings. Applying the rubber tissue, I enlarged the most dependent opening. Great relief was immediately experienced. By the next day appetite had returned, and tonics could be administered. There had been no fever nor night-sweat. In four or five days all discharge had ceased. Convalescence was remarkably rapid.

The above are selected from a large number of cases similarly treated by me, during the past four years. When I mention that within a week I have been called to see two cases like the first described, and did not think it necessary to pay a second visit to either, the success of this plan of treatment is made sufficiently evident.

I have applied the tissue after the establishment of suppuration, and seen the pus absorbed. Abscesses threatening to involve the whole breast, have contracted to such an extent, that when opened a day or two after the application they discharged perhaps a teaspoonful, and the cavities healed by first intention.

No form of support can be devised which is so comfortable to the patient by thoroughly relieving the dragging weight of the inflamed breasts, while its equable pressure promotes absorption and prevents extension of inflammation or burrowing of pus. The tapes must be tied to the corners of the tissue. The gathering at its corners assists in adapting it to the contour of the breast, and, besides, the tissue is easily torn if punctured by a pin or needle. Care must be taken to remove the rubber as soon as the signs of inflammation disappear, or the secretion of milk will be permanently arrested. Where it is desirable to maintain the flow, I have found benefit from the use of the phytolacca, whether administered internally or applied locally.—HENRY T. BAHNSON, M.D., *New Orleans Med. and Surg. Journal.*

CEDRON SEEDS.—The Cedron (*simaba cedron*) is a native of tropical countries, and belongs to the natural family of *Simarubaceæ*. It is a small tree with an erect stem, not exceeding six inches in diameter, branching at the top in an umbellate form, with large glabrous, pinnate leaves and pale brown flowers, in long branching racemes. The fruit is a large, solitary drupe, containing a single seed. The seed is the part used in medicine, although it is reported that all parts of the plant are impregnated with the bitter principle peculiar to the seeds. The dried fruit is light, of a yellowish color, flattish ovate in form, with one edge convex and the other nearly straight, the convex outline terminating at each end in an obtuse point, of which that at the apex is prominent. It is about two inches in length and sixteen lines in its greatest breadth. Within, the seed is loose and movable. The seed itself is about an inch and a half long, ten lines broad, and half an inch thick. It is convex on one side, flat or slightly concave on the other, and presents an oval scar near one extremity of the flat surface. It is hard and compact, but may be cut with a knife, revealing a dark brown color within and yielding a lustre almost metallic when cut. Cedron seed is inodorous, but of an intensely bitter taste, not unlike that of quassia. A French chemist, Mr. Lauvry, obtained from an examination of the seeds a crystalline substance, intensely bitter, soluble in boiling water, and neutral to test-paper, which he supposes to be the active principle, and which he named "cedron." Cedron seeds are a powerful tonic and anti-spasmodic. They have long had a great reputation in their native countries as a sure remedy for the bites of venomous serpents, and such appears to be the confidence of the inhabitants of the region in which the tree flourishes, that they have no fears of the poisonous bites of those reptiles if provided with this antidote. In California and the other Pacific States abound five species of *Crotalus* or rattlesnake family, the bite of which is poisonous. The cedron seed is used by hunters

and trappers, and others familiar with its power, as an antidote to the poison of this reptile.

When unfortunate enough to have been bitten by a rattlesnake, the seed or bean is scraped or shaved with a knife, and the fragments placed upon the wound and moistened with some spirituous liquor, such as brandy, whiskey, etc., and a quantity of the bean swallowed.

Many cases of cure by this means are known, and where the antidotal effects of the cedron are known, the utmost precautions are taken to secure a supply of the "wonderful bean." It seems to act by a remarkable tonic power, itself being an arterial excitant, and thus overcoming the alarming sedative effects of the poison of the rattlesnake.

Cedron is also highly esteemed as a remedy for hydrophobia, and cases are known where it proved successful in allaying the spasms of that frightful disease, after all other remedies had failed of effect. As it imparts its virtues to water and alcohol, concentrated preparations can be made of it, which can be easily kept and transported, as well as exhibited with facility to those suffering from disease. It is also used with success in the treatment of intermittent fever, spasms of the stomach and bowels and various obstinate dyspeptic affections.

In the year 1852, Dr. J. B. Thompson, of London, controlled a case of gout by its use, and Dr. S. S. Purple, of New York, has found it promptly effectual in a number of cases of intermittent fever, and proclaims that it possesses valuable antiperiodic properties.

The dose of the cedron as commonly given, is one to two grains for a tonic or antiperiodic, to be repeated three or four times in the twenty-four hours. A Dr. Herman, of South America, states that he has employed the remedy in eight cases of poisoning, and that his mode of using it was, to administer five or six grains with a spoonful of brandy, and to dress the bite with the tincture.

On the authority of Dr. Purple, above quoted, ten to thirty grains can be given every four hours, and in his experience no injurious consequences were observed, other than in some few cases griping or diarrhœa were caused, which effects were easily controlled.—JAMES G. STEELE, *Pacific Medical and Surgical Journal.*

BRASS-WORKERS' DISEASE.—The diseases to which brass-workers are liable form a subject of great interest to the medical practitioners in Birmingham and the Midland District. In Birmingham "brass founders' ague," as it was called, was first studied and described. This affection, as the name implies, resembles somewhat an attack of intermittent fever, but it is in no way dependent upon a malarial poison, and moreover the recurrent attacks show no tendency to definite periodicity.

The symptoms of an acute attack manifest themselves in the following order. A few hours after the brass-founder has been at work in the casting-shop he experiences a sense of languor and oppression, with headache, nausea, and muscular pains. Vomiting often occurs, and a cold stage comes on, the rigors and chattering of the teeth being sometimes well-marked. After an hour or two there follows a hot stage, with slight febrile reaction, and subsequently profuse sweating. The hot stage is not well-marked, the temperature at no time much exalted, but the sweating is nearly always profuse and prolonged. Young men appear to suffer more from the acute attacks, which are more severe in foggy weather and in ill-ventilated shops. Slight causes, such as a cold bed, wet feet, or a catarrh, predispose to these ague-like paroxysms.

In the out-patient department of the Queen's Hospital a large number of brass-workers consult the physicians for various complaints. We see many cutters, turners, finishers, and polishers, as well as casters engaged in the smelting shops. I have myself observed that while the true "brass-ague" is most frequent in the casters or founders, it is by no means absent in the operatives who have to deal with the later manufacture of the cold alloy after it has left the casting shops.

Dr. Greenhow and one or two others (principally French physicians), who have investigated this matter, have referred the malady to intoxication by zinc. Brass is an alloy of copper and zinc, the latter in the proportion of from twenty-eight to thirty-two per cent. In the process of making brass the copper is melted first in crucibles, and the zinc is added to the molten copper. Zinc deflagrates at the temperature at which copper melts, and when the fused metals are poured into the moulds a dense white smoke forms, which rapidly fills the shop, and is converted into woolly flakes of powder, consisting of oxide of zinc. This may be observed even on the outside of the ventilators of casting shops, and it collects on the ceiling and rafters. Particles of copper also fly about in a state of minute subdivision. Copper smoke yields arsenic. Pure sulphur exists as an ingredient to a large extent, and sulphurous and sulphuric acids. There is to my mind a difficulty in attributing the disease to the fumes of zinc, for the following reasons:—

1. We have no evidence that the internal administration of zinc ever produces the symptoms above mentioned. Enormous doses of the oxide have been administered without apparently producing the characteristic febrile reaction of brass-ague. 2. The malady is observed in individuals whose work is other than casting. 3. The malady is not observed in operatives such as galvanized iron makers, who work with molten zinc, and are exposed to its fumes. 4. Zinc is rapidly

excreted, and does not, like lead, mercury, or copper become fixed in the body, and produce chronic affections.

I feel that Greenhow and the previous observers, whom he seems to have followed, relied too much on the statement of the brass-founders, the majority of whom believe that the white fumes are the cause of the illness. Yet not a few of them, and they are an intelligent class of men, tell me that it is the sulphur in the atmosphere which produces these effects, and others attribute their malady to exposure to the high temperature of the furnaces with alternations of chill from the external air. The symptoms, in the main, are not those of arsenical poisoning, nor can they, I think, be attributed to sulphur, or sulphurous or sulphuric acids. On the other hand, I have observed that nearly all my patients, who are brass-workers, suffer from manifest effects of chronic copper poisoning. This metal produces, in small doses, gastro-intestinal irritability, colic, constipation, tenesmus, diarrhœa, purging, loss of appetite, myalgic and neuralgic pains, tremors of limbs, paralysis, and alternations of heat and cold, prostration, tremors, and paresis of limbs, and other symptoms analogous to those complained of by brass-workers.

There is to be observed in almost all patients who are brass or copper workers a distinct green line or band on the neck of the teeth, between the crown and the insertion in the gum, sometimes extending half way over the crown of the tooth. This green mark varies from a bright color to a greenish-brown; it is seen best on the teeth of the upper jaw. The edge of the gum is often slightly blackened, but the general appearance is quite unlike that seen in chronic lead poisoning. This stain, which is very commonly detected in brass-workers of every description, has been ascertained to be due to the presence of copper. Another remarkable sign is found in the fact that the copious perspirations of brass-founders are often stained green, and actually impart their tinge to the underclothing. The axillary sweat frequently can be observed to stain the undershirt a green color. White-haired, elderly brass-workers, often present the curious phenomenon of a greenish tinge distinctly recognizable in their hoary locks. I have visited a factory where I was told that all the old men had greenish-white hair.

I now propose to describe more in detail the symptoms of brass-workers' disease, relying chiefly on notes made by myself, and I select a few cases, preferably, of persons who had no history of being exposed to fumes of deflagrating zinc. Many of the complaints made by patients are vague, misleading, and may readily be referred to other causes, but the occurrence of certain of the phenomena in a tolerably regular series, compels us to attribute the malady to the occupation. Most prominent among the early symptoms are dyspepsia, loss of appetite, gastro-intestinal disturbances, nausea, vomiting, metallic taste, thirst, colic, constipation, and diarrhœa. We observe many sensory phenomena, including a general feeling of "nervousness," headache, oppression, neuralgia, pleurodynia, pain over the liver and between the shoulders, lumbago, and pains in the calves. A sharp pain in the left side, with a sense of constriction in the thorax is frequentty complained of. The pain is referred to the heart, and there is some dyspnœa with pallor and anæmia. Cough, chronic pharyngitis, and loss of voice, are very usual. I am told that an unusually large proportion of brass-workers are deaf. Chronic bronchitis and emphysema are the result of the irritant atmosphere in which the men work. Gout and chronic nephritis seem to prevail largely. There is generally a disinclination for active exercise, and in more advanced cases paresis of the legs. Tremors are often noticeable, but I have not yet seen a case of true paralysis agitans in a brass-worker, although it has been said to be common amongst the class.

October 13, 1886. Agnes P., æt., 18, an anæmic girl, engaged in the manufacture of brass hinges, complaining of palpitation, left side pain, and the other symptoms so commonly observed in young womanhood at Birmingham. There was no sign of pulmonary or cardiac disease. Her nails were very black, and she had the green zone distinctly marked on her upper teeth. She said she used to shiver and sweat a good deal. October 27th. Kate P., æt. 20, sister of the last named and engaged in the same work came to the hospital complaining of precisely similar symptoms. She told me that all the women in her place had greenish teeth, but they did not think much of the matter until I drew her sister's attention to it. Many of the girls were subject to "cold sweats."

November last. T. F., æt. 40, described as a brewer, but whose real work was to cleanse and polish the copper vessels used in his trade, complaining of general malaise. The teeth were a very bright green. He said he used to shiver and sweat heavily without apparent cause.

January 11, 1887. J. M., æt. 63, a maker of solid brass implements. Complaining of "ague," and his attacks were typical. He had greenish-white hair, and the green mark on his teeth. He assured me that the sweat from the palm of his hand used to stain green the wooden handles of the tools with which he worked.

January 18th. J. C., a very deaf old man complaining of lumbago. He has the green discoloration on his teeth. He is an iron-worker, but began life as a brass-founder. Twenty years ago he gave up the brass, but the green stain on his teeth remained permanent. On the same day

another very deaf old brass-turner, who has never been employed in the casting shop, assured me that a large number of his fellow workmen suffered from sweats and shivers without apparent cause, but they thought little of the malady.

March 21, 1887. Isaac W., came complaining of headache and profuse sweating. He is a finisher, and has never been in a casting-shop in his life.

It has been asserted that brass-founders suffer from a definite form of paraplegia. The precise nature of this symptom I have been unable to ascertain, but I believe there is to be seen an unusually large proportion of nervous disorders among brass-workers. I have notes of three advanced cases of locomotor ataxia, occurring in brass-founders, and I have detected early symptoms in many more. Progressive muscular atrophy has been reported as a result of chronic copper poisoning by Dr. Faulk, and Dr. B. W. Richardson also reports a case of a bronze-worker who suffered from "progressive paralysis." Some months ago, J. P., æt. 45, came to the Queen's Hospital complaining of weakness of the lower extremities. He was a coppersmith, and he was very thin and pallid. He had lost all his teeth. He had dropped feet, wasting of the muscles of the leg, especially the extensors, commencing atrophy of the right deltoid and slight flattening of the right thenar eminence. There were "fibrillations" of the deltoids and tricipites in both arms. He had the equine or "high action" gait, walking like a man wading in a couple of feet of water. There were no sensory phenomena, and no history of paralysis in his family. This case illustrates well the "leg type" as it is called, of progressive muscular atrophy.

Another patient has marked signs of quite a different character. E. H., æt., 28, a brass-turner, and a very muscular young man, complained of weakness of his legs. He walks like a half-drunken person, staggers about, and falls when his eyes are closed. He is quite unable to walk in the dark or when his eyes are taken off the ground. He has exaggerated knee-jerk, ankle clonus, and some loss of muscular sense. His pupils respond to light and accommodation. There is no change in the fundus oculi. There is no nystagmus, nor movements of the head, but his limbs are very tremulous. This case combines some of the phenomena of posterior and lateral sclerosis of the cord.

Physicians have paid little attention to the treatment of brass ague. In an acute paroxysm the men find that milk in large draughts is useful. Indeed it acts both as a prophylactic and a cure. Alcoholic stimulants are decidedly injurious. The brass-founder knows by experience that he must not slake his fever-thirst with beer. Lobelia has been recommended, and tobacco is decidedly useful. The man subject to fits of ague should not smoke until the attack comes on, usually in the evening. Then let him smoke *ad nauseum* the strongest tobacco he can procure, and he will derive much relief. Indeed the men seem instinctively to resort to emetics of all kinds. In chronic cases iodide of potassium is very useful. I adopted this remedy at the suggestion of Dr. Suckling, whose experience in these cases is extremely large. The value of this drug in chronic copper poisoning seems to be analogous to its efficacy in plumbism. The subject is one well worth further investigation.—EDGAR HOBGEN, B.A., *Birmingham Medical Review.*

ON BLISTERING SURFACE OF THE BODY IN INTERNAL INFLAMMATIONS.—Our medical fathers had a few remedial forces which they wielded in many different conditions and with powerful effect. The theories for their action were definite in their minds, and they wavered not in driving them to a definite conclusion. That they were always judicious in the exercise of these powerful agencies can hardly be affirmed; yet we cannot fail to admire the clearness of their views, the firmness of their convictions, and the boldness of the ensuing practice.

With the revolution of years and the innovation of modern speculations, the methods so long and faithfully relied upon began to be questioned in men's minds, and by a rebound—peculiar to all reforms, genuine and spurious—a sweeping ostracism of the old procedures resulted. The most opprobrious epithets were applied to the obnoxious remedies, and they were denounced as barbarous and harmful under all circumstances. A crusade was waged against calomel, bloodletting, and blistering, which had the effect to deter the timid from their use, and to lead them to accept in their stead the alluring placebos and so-called sustaining remedies now so much in vogue. Disregarding the clamor of the ignorant and prejudiced, I have used in appropriate cases and at suitable times each of the remedies so persistently maligned, and with excellent results.

In the Philadelphia Medical Times, vol. x., page 522, I gave an article on benefits derived from calomel in certain morbid states; and in the Medical and Surgical Reporter, vol. lv., page 72, one in which venesection was shown to play an important part in averting threatened destruction of life. In the present paper I propose to give a few cases from many which show the inestimable importance of blistering the surface as a curative agency in internal inflammations, whose fatality is fully described by all mortuary records. In the first of the journals named, under the heading of "Catarrhal Pneumonia,"*

* Philadelphia Medical Times, vol. xiii., page 887.

two cases are related in which the gravest condition was changed for the better most quickly and strikingly.

I refer to the case of Bertie B—, 22 months of age, whose respirations before using the blister were 100 per minute, and the pulse 120,—a ratio of ten to twelve. After the production of a blister upon the whole front of the chest, from lines dropped from each armpit, the respirations receded to a range of 72 to 86, while the pulse-rate remained unchanged—a ratio of seven to twelve. A renewed frequency of respiration on the fourth day thereafter was reduced by extending the blistered surface to the edge of the scapulæ on either side, when the rate of breathing descended to 50 per minute, and continued thereupon to diminish until the natural health-rate was reached. In just a month from the first outbreak as a catarrh the patient was dismissed completely recovered.

The second case was that of Walter H—, 13 years of age, recorded in the same paper, and is equally instructive. He had pneumonia as a complication of measles, which commenced April 18, 1883. During the forenoon of Friday, April 20th, he coughed almost incessantly. In the afternoon the cough was less, but the fever increased and the respiration became very rapid. At 9.30 A.M., April 21st, the rate of the respiration, as reported by the medical attendant, was 60 per minute, varying little during the day. I saw him at 9 P.M. of that day. There were fine crepitant râles in the lower lobe of the right lung, and a few scattered coarse ones in the left. His respiration was 40 per minute, and heaving in character; his pulse 130—ratio four to thirteen. The temperature was 104° Fahr. April 22d, 11.30 A.M., a full blister, extending across lower part of the breast from scapula to scapula, and four inches wide, has been produced. The respirations now number 28 and the pulsations 120—ratio nearly three to twelve. The crepitation is greatly lessened. At 3 P.M. of the same day the respiration has a further decline to 24 per minute, and the pulsation to 84. April 23d, the respiration has risen to 36, and the pulse to 100. There is a crepitant râle of great intensity, dry and crackling, in the whole upper part of the right lung. Upon blistering the whole surface of that side of the chest not already vesicated, the respiration became easier and a moist râle succeeded. The case came to a successful issue under the use of ordinary remedies. It may be proper to state here that neither opium nor quinine, which were freely used, availed to check the advance of the inflammation.

The following cases have never been reported, and are equally valuable as indications of cure:—

Lizzie S—, infant, was taken March 30, 1885. I saw her on the day following, when she had catarrhal pneumonia fully formed. There were crackling and sibilant râles in both lungs. The respirations were 64, and the pulse 120 per minute—ratio, one to two. A cantharidal plaster was so placed as to conform to the contour of the whole anterior part of the chest. On the day following the respirations had decreased in a marked degree, and all the symptoms were surprisingly improved. I ceased attendance on the seventh day, the patient having entirely recovered.

Joey B—, 1 year old, was taken with distressed breathing and cough March 20, 1887. I saw him at 4 o'clock, P.M. The respirations, because of his uneasiness, were not accurately made out, but appeared to be about 90 per minute; the pulse was about 125. I found a soft cataplasm upon the chest, which was allowed to remain, and quinine sulph. was given alternately with ext. ipecac. fl., ext. jaborandi fl., and tinct. opii.

March 21st, 9 A.M. There is no relief to the breathing, which numbers 84 per minute; the pulse is 125—ratio, two to three. No râle can be detected. Cerate of cantharides was applied to the whole chest, right and left, and the other treatment was continued.

March 22d. The plaster caused satisfactory vesication at the expiration of three or four hours. The respiration is less labored, and shows a rate of 72. A faint râle is heard in the left lung. The pulse is 120. Ratio of respiration to pulse, three to five. The bowels have been moved by calomel, the resulting feces being very offensive.

March 23d. A faint râle exists, as at the last examination. Respiration 42, pulse 125—ratio, one to three.

March 24th. All symptoms are favorable—neither respiration nor pulse being such as to call for special notice. Alvine evacuations are numerous, and remain very offensive.

March 26th. The patient still coughs, but is well in other respects. Period of treatment one week.

Mrs. L— a young married woman, was taken with a cold and hoarseness February 16, 1887. At my visit on that day she had a very high fever and general pains throughout the body, the pulse-rate was 140. The treatment was two grains quinine sulphate every two hours, and two grains opium every four hours. She received the same treatment until February 19th, when, on account of severe vomiting, she took potassium citrate, creasote-water, and hyoscyamus, but no opium. Her skin was constantly bathed in perspiration, yet there was no remission of the rapidity of the heart's beating. She has been using externally, from the commencement, a remedy of her own, a tar plaster.

February 20th, 10 A.M. The patient has had a very severe pain during the night, as also a constant cough. The pain occupies the entire area of the left chest from scapula to sternum, and from the axilla to the free border of the ribs. She lies upon the right side, with the left arm close to the affected region, and is unwilling to move either the body or the arm. Early in the morning she commenced to expectorate bloody mucus; the respirations reach 38 per minute, and the pulsations 124—ratio 1 to 3.3. The skin is moist, the tongue coated, and the stomach quiet. A plaster of cantharides was so placed as to conform to the painful area, and the following medicines were prescribed—viz., three grains of quinine every two hours, and three grains of opium every six hours.

February 21st. The plaster has caused a perfect blister. The patient is free from pain; the skin is moist; the cough and expectoration moderate; the sputa less bloody. The rate of respiration is 22, and pulsation 102—ratio 1 to 4.7.

February 22d. There is a constant sweat, the tongue is cleaner, the expectoration nearly colorless, and there is little pain. The respirations are 20, and the pulsations 96—ratio 1 to 4.8. She sleeps considerably.

February 25th. Respiration 19, pulse 76.

February 26th. Took leave, the patient having recovered in eleven days.

The two following cases illustrate most strikingly the necessity of blistering in the cure of some of the inflammations connected with the female reproductive organs:—

Mrs. P— is a young married woman, with one child. About the middle of October last, when her menstrual flux had been absent for six weeks or over, at the close of a wearisome day's labor she was taken with hemorrhage from the genitals and a pain referred to the fore part of her thighs, near the knee. The day following the pain shifted to the hypogastric region. After a few days, a discharge having the characteristics of that following abortion succeeded. On the morning of October 30th, two weeks from the first attack, she suffered extreme pain and tenderness in the uterine region, and, as she received no relief at the hands of the empiric who had hitherto attended her, I was called to take charge on the evening of that day. At 8.30 P.M. she had extreme pain and tenderness in the hypogastrium, as well as in the fundament, constituting a true tormina. She had also irritable bladder and painful micturition; there was great thirst and dryness of the mouth; the pulsation was small and very frequent—138 per minute. I prescribed opium and quinine in large doses; the former to be repeated every four hours, the latter every two hours, A plaster of cantharides was made to cover the entire tender surface. In about three hours I was recalled, as the pain was insupportable, and the other aspects of the disease were still the same. I administered hypodermically a half a grain of morphine acetate, and this, with the opium regularly administered, secured tranquility for the night.

October 31st, 10 A.M. The cerate has caused a thorough blister; the pain and tenderness are greatly relieved; the pulse remains about the same. Evening visit 8 P.M.; the relief in the abdominal region continues, and the pulse has receded to 122 per minute.

November 1st, 10 A.M. Mrs. P— has had an abundant sweat in the night, and the pulse has declined to 102. The quinine and opium were continued as demanded by the fever and pain. On November 2d at 10 A.M., the pulse was at 98; on November 3d it was at 88, a very great sweat having prevailed during the night. There was a tender spot in the left iliac region, to which was applied a blistering plaster three by five inches. On the day following the tenderness was relieved, and the case—one of uterine peritonitis—went on to a rapid recovery, my visits ceasing November 20th.

Mrs. H— had what appeared to be an abortion on December 21, 1886, there being pain and hemorrhage from the genitals. On examination no portion of the secundines could be detected in the uterine neck, which was dilated so as easily to admit the finger. Suitable remedies were employed, and the flow seemed to be stanched. The patient, however, failed to do well. There were persistently coated tongue, poor appetite, various pains about the lower limbs, very slight tenderness and pain in the uterus by pressure, with little or no quickening of the pulse. She received various treatment—quinine, salicylate of sodium, diuretics, and anodynes—a very great amount of opium being necessary to insure anything like comfort, out of all proportion to the apparent disease. The local treatment consisted of poultices, fomentations, etc., over the uterus, and liniments, vinegar, and flannels to the limbs. By January 17th the pulse, which had been so moderate before, became, notwithstanding the free use of quinine, quite rapid—120 per minute. The tenderness, though not acute, was persistent, and there were voided occasional clots of blood. A blister was placed on the hypogastrium, the opium and quinine continued, and, as there was a great sense of weakness and nervousness, the compound fluid extract of cinchona and the fluid extract of cimicifuga were also given, in fifteen-minim doses each. At my next visit, January 18th, the tenderness was absent for the first time during her illness, and the pulse had declined to 112. On the day following it receded to 104.

The further record of this case affords nothing further as illustrating the use of blisters, but is

valuable as the history of a case in no respect too clear in its indications. During the two following weeks the pulse continued from 95—a very common figure—to 118, the highest. She was also troubled with a nausea and vomiting, particularly at night. By the middle of February the clots, which had been appearing occasionally, were succeeded by a free hemorrhage. Upon an examination by the speculum there was seen to be erosion of the os uteri, which was somewhat dilated and giving vent to blood and mucus. A solution of nitrate of silver (forty grains to the ounce of water) was applied to the whole internal surface of the uterus, which was in a state of involution, and about the os as well. She had been taking for the stomach creasote-water and acid phosphate, the latter of which was now replaced by the extract of ergot—the prescription reading as follows:—

℞. Ext. ergotæ . . . . fʒj*.
Ext. cinchonæ fluid comp.,
Ext. cimicifugæ fluid . āā fʒss.
Aqua creasoti . . . fʒij.
Syrup . . . . . fʒss.
M. Sig.—Dose, a drachm thrice daily.

She received weekly a topical application of the silver salt, and, continuing the medicines as above, was discharged cured March 15, 1887, after an illness of three months duration.—Dr. E. T. Blackwell, *Phila. Med. Times.*

BOOK REVIEWS.

Carmina Sanctorum Square 8vo., pp. 446. New York and Chicago: A. S. Barnes & Co., 1887.

This volume of six hundred tunes, all good, and many new to the public, is destined to be the favorite wherever known to the choir. With seven indexes, it would be difficult to find a subject not covered in the work. Physicians are generally music lovers, and they will admire this splendid collection.

The Diseases of the Ear and Their Treatment. By Arthur Hartman, M.D., Berlin. Translated from the third German edition, by James Erskine, M.A., M.B., Surgeon for Diseases of the Ear to Anderson's College Dispensary, Glasgow; late Assistant Surgeon to Glasgow Hospital and Dispensary for Diseases of the Ear. With forty-two illustrations. 8vo., pp. 283. New York: G. P. Putnam's Sons, 1887.

This book has this essential difference between it and other standard works on otology, Hartman has endeavored to place into the hands of general practitioners and students, a volume particularly adapted to their wants, while the other prominent writers on otology have written magnificent works, especially designed for the otologist. The works of Politzer, Van Tröltsch, Burnett, Gruber, and some few others, occupy an entirely different field from the present volume. Hartman has made himself particularly clear, and the matter is put admirably concise, two great virtues. He stands among the foremost writers of his specialty, and his views are generally such as to appeal favorably to one's judgment. The translation of Erskine is excellent; indeed, if one were to open the book at random, and read, without being familiar therewith, one would never suppose its original was German. This is a thing rare enough in medical literature at the present day to make it worthy of note. The illustrations, although not profuse, are acceptable. In just four years it has passed through three editions in German, the translation being from the third, this is a most sufficient attest to its work. We feel confident it is destined to be no less popular on this side of the Atlantic.

Cyclopedia of Obstetrics and Gynecology. In four volumes: Anatomy of the Internal and External Genitals, Menstruation and Fecundation, Normal Pregnancy and Labor; being volume one of a practical treatise on obstetrics. By Dr. A. Charpentier, Adjunct Professor of the Faculty of Medicine, Paris. Translated under the supervision of, and with notes and additions by Egbert H. Grandin, M.D., Obstetric Surgeon to the New York Maternity Hospital; Instructor in Gynecology at the New York Polyclinic; Fellow of the Obstetrical Society, etc. Two hundred and sixty-seven fine wood engravings and four colored plates. 8vo., pp. 509. New York: William Wood & Co., 1887.

Charpentier's work has been so long and so favorably known to the profession that it requires no review at our hands. It is undeniably one of the best, if not the best volume on obstetrics ever published. Dr. Grandin deserves honest thanks for having placed the work within the province of the English-reading profession.

The first volume, which is now in our hands, is divided into four parts, embracing the anatomy of the pelvic region, the physiological phenomena, pregnancy, and labor. The translation, we are sorry to say, is not such a one as a book of this class deserves. It is extremely awkward at times, and we find none of that smooth, easy, elegant reading that is such a marked feature in some of the later translations. The title page informs us of the book's embellishment with two hundred and sixty-seven fine (?) wood engravings and four colored plates. There are but two colored plates, and two plates printed in one color. The other engravings are poor enough to be classed with the type usually found in

* Increased on March 1st to two drachms.

the illustrations in our daily newspapers. They are at times so indistinct and crude that they present to the student no idea of the subject matter which they are intended to elucidate. The book certainly deserved better. Yet, despite all these faults, we feel assured that it will take rank with the foremost obstetric and gynecological treatises of our day. As the reader can conceive, it must be a volume of the very highest order that can afford to be thus handicapped and nevertheless rise above its deteriorations.

Cyclopedia of Obstetrics and Gynecology. The Pathology of Pregnancy; being volume two of a Practical Treatise on Obstetrics. Forty-five fine wood engravings and two colored plates. 8vo., pp. 381.

Cyclopedia of Obstetrics and Gynecology. The Pathology of Labor. The Uses of Ergot; being volume three of a Practical Treatise on Obstetrics. By DR. A. CHARPENTIER, Adjunct Professor at the Faculty of Medicine, Paris. Translated under the supervision of, and with notes and additions by EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital; Instructor in Gynecology at the New York Polyclinic; Fellow of the Obstetrical Society, etc. In four volumes. Two hundred and forty-eight fine wood engravings. 8vo., pp. 348. New York: Wm. Wood & Co. 1887.

These are volumes two and three of the four volumes to be published. There is very little to be said of the present volumes which we have not said of the former. They are profusely illustrated, and the subject matter which they contain, which is after all what we are after, is the best of which we have any knowledge. It will amply repay any one who will study what is therein contained. The student will always have the satisfaction of knowing that whatever is of value on the sought-for subject, he will find fully detailed.

The Physicians' Dose and Symptom Book. Containing the doses and uses of all the principal articles of the Materia Medica, and officinal preparations, arranged in alphabetical order; also tables of weights and measures; rules to proportion the doses of medicine; common abreviations used in writing prescriptions; alphabetical test of Materia Medica; preparations and modes of administrations; list of incompatibles; hints on prescription writing; table of poisons and antidotes; hints on treatment; table of symptoms. By JOS. W. WYTHE, M.D., Professor of Histology and Microscopy, Cooper Medical College, San Francisco; author of "The Microscopist," etc. Seventeenth edition. Completely rewrttten and enlarged. 8vo., small. Philadelphia: P. Blakiston, Son & Co., 1887.

When a book has passed through seventeen successive editions it seems to us nothing else can now be said, than in its new garb its sphere of usefulness is enlarged, if that is possible. The book contains all that it formerly did with some few additions.

The Nursing and Care of the Nervous and the Insane. By CHARLES K. MILLS, M.D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine; Neurologist to the Philadelphia Hospital; Consulting Physician to the Insane Department of the Philadelphia Hospital; Lecturer on Mental Diseases in the University of Pennsylvania, etc. 8vo., pp. 147. Philadelphia: J. B. Lippincott Co. 1887.

This is one of the volumes of that already popular series, "Practical Lessons in Nursing," which is already in such wide favor. Dr. Mills speaks at some length upon the qualifications that are conducive to good nursing, and the book abounds in valuable hints to those whose lot is cast about a nervous or insane patient. A great part of the book is also devoted to valuable data upon the construction and *modus operandi* of many of the instruments designed to benefit this class of patients. The book is in substance a course of lectures which Dr. Mills has given, and everything considered we know of no more valuable work to recommend to any one who wishes to familiarize himself with this part of the duties that may fall to his lot.

The Vest Pocket Anatomist (founded upon "Gray"). By C. HENRI LEONARD, A.M., M.D., Professor of the Surgical and Medical Diseases of Women, and Clinical Gynæcology, Detroit College of Medicine; Gynæcological Surgeon to the Michigan College Hospital; member of the American Medical Association; of the Michigan State Medical Society; Wayne County Medical Society, etc. Eighty-five illustrations. Thirteenth revised edition. Enlarged by sections on the Anatomical Triangles and Herniæ, Gynæcological Anatomy, and Dissection Hints. Folio, small. Pp. 154. Detroit: The Illustrated Medical Journal Co., 1887.

Dr. Leonard's little book has already become so widely known and extensively used, that edition upon edition has been exhausted until the present one has been issued, and it doubtlessly will follow its twelve predecessors. It has been increased by the noted additions, and this will serve to enhance the value of this popular little work.

COMMERCIAL NEWS.

Breaking the Clouds Away.

Sometimes the heart feels heavy
And burdened o'er with care,
And in dark gloom the universe
Seems shrouded everywhere.
No ray from out the darkness
Brings forth a gleam of hope,
And the whole world seems against you
And you sit alone and mope.

Ah, do not then some river seek
Your frenzied form to throw,
Nor hang yourself from an orchard limb
Where apples ought to grow;
Try not with grim revolver
Your heart-beats wild to still,
But go and let some druggist ease
Your liver with a pill. T. E. N.

A Correction.

In "Surgeon-General Murray's Opinion of Bovinine," published in the May number of The Medical Bulletin, the types made him say, that "I have found it to keep perfectly *with coca*, in warm weather;" this sentence should have read "I have found it to keep perfectly well, even in warm weather." Since Bovinine will keep fresh and sweet in any climate, and, since it does not require the addition of any foreign matter whatsoever to preserve it, we are glad to make this correction so as to remove any erroneous impression that may have been created of this really meritorious food for infants and invalids,

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With a banquet, provided by the Faculty, to the Graduates, at the Seventh Avenue Hotel, Pittsburg, on March 24, 1887, the Western Pennsylvania Medical College concluded its first year. The Spring Session for 1887, just closed, was attended by ten students. The corps of professors in the Faculty of the College numbers twenty-two, and an equal number of adjunct teachers and assistants. The number of graduates for this year is, oddly enough, also twenty-two; the enrollment being sixty; a large proportion of undergraduates here have entered the Junior Class for the three years' graded course provided by the College.

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